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ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year 1956

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CITY OF PLYMOUTH

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ANNUAL REPORT

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MEDICAL OFFICER OF HEALTH

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The following members of the City Council and co-opted members served on the under-mentioned Committees during the year:—

HEALTH COMMITTEE

Chairman: Alderman Mrs. J. Marshall.

Vice-Chairman: Councillor Mrs. P. L. F. Colmer.

Councillors: Mrs. E. Broad, Mrs. D. M. Fleury, C. E. J. Glanville, T. B. Harvey, Dr. G. H. Miles, Mrs. L. Newbery, Mrs. A. K. Osborne, Miss E. K. Pryor, P. N. Washbourn, W. J. Wilks.

Two members from the Local Medical Committee: Dr. O. L. Lander, Dr. J. N. Morris.

AMBULANCE SUB-COMMITTEE

Chairman: Mr. J. F. Warren.

Vice-Chairman: Alderman Mrs. J. Marshall.

Councillors: Mrs. D. Broad, Mrs. P. L. F. Colmer, Dr. G. H. Miles, Mrs. A. K. Osborne, P. N. Washbourn.

Mrs. H. Vellacott, Mr. L. Spear representing the Plymouth and District Ambulance Service Committee.

Mrs. R. Balsdon representing the St. John Ambulance Brigade.

MENTAL HEALTH SUB-COMMITTEE

Chairman: Alderman Mrs. J. Marshall.

Vice-Chairman: Councillor Mrs. P. L. F. Colmer.

Councillors: Mrs. E. Broad, Dr. G. H. Miles, Mrs. A. K. Osborne, P. N. Washbourn.

EDUCATION COMMITTEE

Chairman: Alderman H. J. Perry.

Vice-Chairman: Councillor L. Paul.

Aldermen H. G. Mason, T. H. L. Stanbury, F. J. Stott.

Councillors F. Bartlett, R. Briscoe, F. Chapman, T. H. Franklin, W. G. Greenway, A. A. H. Hampton, F. R. Jury, Mrs. M. Jago, Mrs. M. Jolly, R. G. King, N. W. Lamb, Mrs. M. A. Motley, Miss E. K. Pryor, W. I. Thompson, P. N. Washbourn.

Ten members not of the Council: Mrs. F. C. Clements, Rev. W. H. A. Cooper, Mrs. D. Drake, Mrs. I. M. Flett, Rev. W. F. Grey, Mrs. H. Gratton, Miss E. M. Leigh, Monsignor M. P. O'Neill, Mr. S. Potter, Mr. H. G. Taylor.

SPECIAL SERVICES SUB-COMMITTEE
(EDUCATION COMMITTEE)

Chairman: Alderman T. H. L. Stanbury.

Councillors F. Bartlett, R. Briscoe, Mrs. M. Jago, F. R. Jury, R. G. King, Miss E. K. Pryor.

Mrs. F. C. Clements, Rev. W. H. A. Cooper, Mrs. D. Drake, Mrs. I. M. Flett, Mrs. H. Gratton, Monsignor M. P. O'Neill, Mr. S. Potter, Mr. H. G. Taylor.

WELFARE SERVICES COMMITTEE

Chairman: Councillor E. Broad.

Vice-Chairman: Councillor W. J. Wilks.

Alderman Mrs. J. Marshall.

Councillors F. Bartlett, Mrs. E. Broad, Mrs. P. L. F. Colmer, G. F. Drake, Mrs. M. Jolly, N. W. Lamb, Dr. G. H. Miles, Miss E. K. Pryor, Mrs. C. F. Warren.

HEALTH OFFICERS OF THE AUTHORITY

Medical

Medical Officer of Health; Port Medical Officer;
Principal School Medical Officer:
T. Peirson, M.D., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health;
Deputy Port Medical Officer:
G. B. Carter, M.B.E., M.D., D.P.H.

Senior School Medical Officer:
T. H. Harrison, M.B., CH.B., D.P.H.

Senior Maternity and Child Welfare Medical Officer:
Marion Smellie, M.A., M.B., CH.B., D.P.H.

Senior Mental Health Medical Officer:
N. R. Matheson, M.B., CH.B., C.P.H.

Assistant School Medical Officer:
L. N. Trethowan, M.R.C.S., L.R.C.P.

Assistant Medical Officer of Health—Port and General:
H. B. Boucher, M.B., F.R.C.S., D.T.M. AND H.

Assistant Maternity and Child Welfare and School Medical Officers:
T. R. W. Forrest, M.R.C.S., L.R.C.P.
Enid Atkins, M.B., CH.B., D.C.H.

Senior Chest Physician
(in conjunction with the Regional Hospital Board):
J. J. Y. Dawson, M.C., M.D., M.R.C.P., M.R.C.S.

Chest Physician
(in conjunction with the Regional Hospital Board):
R. St. J. Harold, L.R.C.P. and S.I., D.P.H.

Dental

Senior Dental Officer:
R. M. Maynard, L.D.S.

Dental Surgeons—School Health and Mothers and Young Children:
J. F. Gray, L.D.S.
M. S. Widdup, L.D.S.
A. Maughan, M.C., L.D.S. (in conjunction with the Regional Hospital Board).
D. Middleton, L.D.S.

Other Staff

Chief Public Health Inspector:
C. E. Sanderson, F.R.SAN.I.*†‡

Port Health Inspector:
A. S. Kitt*†

Senior Welfare Services Officer:
H. J. Paternoster, A.I.S.W.

Superintendent Health Visitor:
Miss M. Hornby, S.R.N., S.C.M., H.V. CERT.

Non-Medical Supervisor of Midwives and Superintendent of Midwifery:
Mrs. S. K. C. Chatfield, R.F.N., S.R.N., S.C.M., M.T.D.

Superintendent of District Nurses' Home:
Miss D. M. Williams, S.R.N., S.C.M., M.T.D., H.V. CERT.

Chief Clerk:
C. L. Marsh.

Ambulance Officer:
R. D. Sampson, S.B.ST.J.

Moral Welfare Officer:
Miss M. C. V. Collins (retired 20.5.56).

Home Help Organiser:
Mrs. P. Nodder.

* Public Health Inspector's Certificate
† Meat Inspector's Certificate
‡ Sanitary Science Certificate

TO THE LORD MAYOR, ALDERMEN AND COUNCILLORS
OF THE CITY OF PLYMOUTH.

I have the honour to present to you my Annual Report on the health of the City of Plymouth for the year 1956.

STATISTICS

The total resident population according to the Registrar-General's estimate is 216,200. In 1955, it was 218,000 and the post-war peak appears to have been 221,400 in 1953. The Infant Mortality rate for Plymouth fell to 17.58 (deaths under 1 year per 1,000 live births), which was the lowest of the rates for the twenty large towns in England and Wales. The Perinatal Mortality rate (i.e. stillbirths and deaths in the first week of life) was 35.44 which was the second lowest in the twenty large towns in England and Wales. This rate is an index of ante-natal factors causing death of the foetus or infant.

IMMUNISATION OF CHILDREN AGAINST DIPHTHERIA

Nowadays it is commonplace that diphtheria has been virtually eliminated by giving young children protective inoculation. There are inherent dangers in this achievement. People are apt to forget that this happy state of affairs will only continue provided that a reasonably high proportion of children are kept protected by immunisation. Consequently, 1956 saw a regrettable though slight falling-off in numbers. It is true that there were only three cases of diphtheria notified in Plymouth in 1956 but it is worth remembering that as recently as 1940, there were in the City 1,361 cases, with 105 deaths. It is essential, therefore, to remind people from time to time of the importance of having their children immunised.

CANCER OF THE LUNG

Whilst this report was being written, local health authorities were requested by the Minister of Health to draw the attention of the public to the opinion expressed by the Medical Research Council that a major part of the very great increase in deaths from lung cancer in males during the last 25 years is caused by smoking tobacco, particularly heavy cigarette smoking. It is suggested in the statement by the Minister that "once the risks are known, everyone who smokes will have to measure them and make up his or her own mind, and must be relied upon as a responsible person to act as seems best."

With regard to the young, however, much greater effort should be made to discourage children whilst still at school from ever commencing to smoke.

In the careful statement issued by the Medical Research Council, reference is also made to the role of atmospheric pollution in causing lung cancer. "It has been known for some years," goes on the statement "that mortality from lung cancer is greater in urban areas than in the countryside. This fact, together with the identification of carcinogenic substances in coal smoke and in motor vehicle exhausts, has led to the supposition that exposure to atmospheric pollution may be concerned with the increase in lung cancer." It is interesting to note in support of this comment that the 1956 death rate from cancer of the lung and bronchus in Plymouth was approximately half of the rate for Manchester and Salford and was the lowest of the twenty large towns in England and Wales.

CARE OF THE AGED

The Welfare Services Committee have devoted considerable effort to improving, as far as is possible, the conditions at Wolseley Home. This is not an easy task because of war damage and the age of the old institution buildings, but a good deal more can still be done.

In the recently provided small homes for old people, it is of course, much easier to give home-like conditions but not all old people of course are suitable for the small homes. Residential accommodation will always be needed for those aged people who are for various reasons no longer able to live in their homes. The Housing Committee of the Council are very conscious of the special needs in housing old people. In addition to making provision for them on housing estates, the Committee are experimenting in the conversion of a large house into bed-sitting rooms and, should this prove successful, they will no doubt consider the further provision of this type of accommodation along with schemes in the centre of the city.

FOOD

Reference is made by the Chief Public Health Inspector in his report (page 65) of his concern at the amount of meat which is finding its way into the city from outside without having been examined by the meat inspector at the place of slaughter. There is at present no legal obligation upon the local authority to provide for the inspection of all meat killed in their area and some of the small local authorities find it an expensive service when they may have to cover several scattered privately owned slaughterhouses.

Neither is there any way in which meat from outside the city can be required to pass through the wholseale meat market where it would be seen by our meat inspector.

This question has been under consideration by the local authority associations and there is now commencing a scheme of exchequer grants towards the cost of meat inspection. It remains to be seen how far this will help.

STAFF

It is with very great regret that I have to record the death of one of our health visitors, Miss M. A. Greet, who died in September, 1956, at the early age of 43, after nine years' service with the Council.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

T. PEIRSON.

SEVEN TREES,
LIPSON ROAD,
PLYMOUTH.

July, 1957.

Statistics and Social Conditions of the Area, 1956

Area in acres (Land and Inland Water)	13,115
Rateable value of the City	£3,144,061
Sum represented by the penny rate (estimated) ...	£13,076
Registrar-General's estimate of the home population ...	216,200
Number of marriages in the City during 1956 ...	1,780
Marriage Rate per 1,000 of estimated home population	8.23

Number of unemployed persons in the City as at 31st December, 1956:

	Age	Total
Men ...	18 and over	1,070
Boys ...	15 to 17	26
Women ...	18 and over	780
Girls ...	15 to 17	40
	Total	1,916

Live Births	*M*	*F*	*Total*	
Legitimate ...	1,684	1,632	3,316	Birth rate per 1,000 of the estimated home population
Illegitimate ...	107	103	210	
	1,791	1,735	3,526	16.31

Still-Births	*M*	*F*	*Total*	
Legitimate ...	51	32	83	Still-Birth rate per 1,000 total (live and still) births
Illegitimate ...	1	2	3	
	52	34	86	23.80

Deaths under one year

	M	*F*	*Total*	
Legitimate ...	39	22	61	Death rate of infants under one year per 1,000 live births
Illegitimate ...	1	—	1	
	40	22	62	17.58

All Deaths	*M*	*F*	*Total*	Death rate per 1,000 of estimated home population
	1,279	1,159	2,438	11.28

Comparability factors:		
	Births	1.02
	Deaths	1.09

Death rate of Infants under one year of age:

All infants per 1,000 live births (Total Deaths 62) ...	17.58
Legitimate infants per 1,000 Legitimate live births (61)	18.39
Illegitimate infants per 1,000 Illegitimate live births (1)	4.76

Deaths from Puerperal Causes (heading 30 *of the Registrar General's Short list):*

Pregnancy, Childbirth and Abortion		*Deaths*		*Rate per* 1,000 *total (live and still) births*
No. 30 Pregnancy, Childbirth and Abortion	...	1	...	0.27

Gastro-Enteritis (under 2 *years of age):*

Deaths from Gastro-Enteritis under 2 years of age ...	1*
Mortality Rate per 1,000 live births	0.28

* This death occurred whilst the child was away from the Plymouth area.

Cremation The Medical Officer of Health and the Deputy Medical Officer continued to act as Medical Referee and Deputy Medical Referee respectively to the Council's Crematorium.

During the year a total of 1,814 cremations was dealt with compared with 2,498 in the previous year. The reason for the sharp reduction is due to the opening of a private crematorium at Torquay during the year. Previously the majority of cremations in the administrative area of Devon County Council were carried out in Plymouth; many in East and Mid-Devon are now diverted to this new crematorium.

During 1956, it was necessary in 10 cases to require a Post-Mortem examination before authorising cremation.

The following table shows the number of cremations carried out since the Council's Crematorium was opened in November, 1934.

Year	*Cremations*	*Year*	*Cremations*	*Year*	*Cremations*
1934	10	1942	560	1950	1,585
1935	122	1943	663	1951	1,870
1936	153	1944	723	1952	1,917
1937	251	1945	834	1953	2,185
1938	259	1946	929	1954	2,343
1939	375	1947	1,030	1955	2,498
1940	552	1948	1,070	1956	1,813
1941	448	1949	1,432		

Medical Examination of Council Employees

During 1956, 972 examinations were made in connection with the Council's Superannuation and Sick Pay Schemes.

957 of these examinations of Corporation employees or prospective employees were to assess their fitness for their occupation and suitability for entry to the Schemes.

Of these:

(*a*) 750 (78.4%) were found free from any defect likely to affect their service and were reported to the employing department as fit for employment and entry to the Schemes.

(*b*) 4 prospective employees (.42%) were found unfit for Corporation employment, the causes being heart disease, mental illness, deafness (in a prospective road sweeper), chronic ear discharge showing heavy mixed growth of haemolytic streptococci (in a prospective bus conductor).

(*c*) 77 (8%) were found to possess defects likely to curtail materially their working life or lead to undue absence owing to sickness. They were considered to be reasonably fit for their proposed employment but not for entry to the Superannuation or Sick Pay Schemes.

(*d*) 126 (13%) were found to have defects of a temporary or remediable nature. Though unfit for entry to the Schemes at the time of examination it is probable that most of this group would be able to enter the Schemes on re-examination after suitable treatment or a period of observation.

Of the 203 persons in (*c*) and (*d*) above, 175 were manual workers and there is no administrative obstacle to offering them employment though they are unfit for entry to the Schemes.

The remaining 28 were applicants for "Officer" posts subject to the Local Government Superannuation Act. This requires that the employee shall enter the Superannuation Scheme automatically after 2 years' employment. Because of this the Council resolved some years ago that Officers shall be fit for entry to the Superannuation Scheme on taking up employment. This would usually preclude the employing department from offering Corporation employment to these individuals.

The defects or diseases rendering candidates unsuitable for immediate entry to the Scheme were as follows:

Musculo-Skeletal	27	Fractures, effects of ...	10
		Joint disease or injury ...	7
		Foot defects	5
		Spinal Disc lesions ...	2
		Postural defects	3
Cardio Vascular	27	Hyperpiesis	15
		Heart disease	8
		Varicose Veins	2
		Arteriosclerosis	1
		Haemorrhoids	1
Respiratory	21	Bronchitis	10
		Tuberculosis	8
		Pneumonia (recent) ...	2
		Asthma	1
Alimentary	21	Hernia	13
		Gastric or Duodenal Ulcer	7
		Dyspepsia	2
Nervous	17	Mental Instability ...	10
		Epilepsy	3
		Post Meningitis	2
		Educationally subnormal	2
Dental	17		
Ear, Nose and Throat ...	16	Otitis Media	6
		Deafness	7
		Mastoid Disease	1
		Sinusitis	2
Glandular	4	Obesity	3
		Hyperthyroidism	1

Vision	6	Defective Vision	3
		Retinal detachment ...	1
		Cataract	1
		Conjunctivitis	1
Skin	6	Dermatitis	4
		Fissure in Ano ...	1
		Acne	1
Others	11	Urinary Calculus	1
		Albuminuria	3
		Proteinuria	1
		Haematuria	2
		Lipomatosis	1
		Menorrhagia	1
		Pernicious Anaemia ...	1
		Stammering	1

Chest X-rays were carried out on employees of the Health and Children Departments having close contact with children and also on prospective employees of other departments when clinically indicated.

RETIREMENT ON MEDICAL GROUNDS.

15 persons in Corporation employment were recommended for retirement on medical grounds. 14 of these were manual workers.

The average age of those retired was 53.6 years and the average length of service 15.8 years.

The conditions necessitating retirement were:

Respiratory	1	Asthma	1
Cardio Vascular	5	Coronary Disease ...	2
		Angina Pectoris	1
		Oedema	1
		Myocarditis	1
Skeletal	2	Osteoarthritis	2
Nervous	4	Psychosomatic	2
		Dyspepsia Psychoneurosis	1
		Paralysis of leg	1
Alimentary	2	Duodenal Ulcer	2
Carcinoma of Prostate ...	1		

Cancer. I am indebted to Mrs. Longstaffe, the Records Officer of the Regional Cancer Records Bureau, for the following information regarding the incidence of cancer amongst Plymouth residents. The total number of cancer registrations for the year 1956 was 506.

Cancer Registrations of Plymouth Residents for the Year 1956

Buccal Cavity and Pharynx

Lip	4	
Tongue	5	
Salivary gland	1	
Floor of mouth	1	
Other parts of mouth and unspecified	3	
Oral mesopharynx	1	
Nasopharynx	2	
Hypopharynx	–	
Pharynx, unspecified	1	
		18

Digestive Organs and Peritoneum

Oesophagus	10	
Stomach	51	
Small intestine including duodenum	1	
Large intestine except rectum	43	
Rectum	48	
Biliary passages and liver (primary)	2	
Biliary passages and liver (secondary)	2	
Pancreas	14	
Peritoneum	3	
Unspecified digestive organs	–	
		174

Respiratory System

Nose, nasal cavities, middle ear, and accessory sinuses	1	
Larynx	2	
Lung and bronchus (primary)	49	
Lung and bronchus unspecified (primary or secondary)	–	
Mediastinum	1	
Thoracic organs (secondary)	–	
		53

Breast and Genito-urinary Organs

Breast	55	
Cervix uteri	16	
Corpus uteri	10	
Other parts of uterus including chorionepithelioma	–	
Uterus, unspecified	–	
Ovary, Fallopian tube and broad ligament ...	17	
Other and unspecified female genital organs ...	4	
Prostate	20	
Testis	–	
Other and unspecified male genital organs ...	1	
Kidney	8	
Bladder	22	
	—	153

Other and Unspecified Sites

Malignant melanoma of skin	1	
Rodent Ulcer	44	
Other skin	12	
Eye	1	
Brain and other parts of nervous system ...	9	
Thyroid gland	3	
Other endocrine glands	2	
Bone	2	
Connective tissue	3	
Secondary and unspecified lymph nodes ...	2	
Other and unspecified sites	9	
	—	88

Lymphatic and Haematopoietic Tissues

Lymphosarcoma and reticulosarcoma	2	
Hodgkins disease	11	
Other forms of lymphoma	2	
Multiple myeloma	–	
Leukaemia and aleukaemia	5	
Mycosis fungoides	–	
	—	20

TABLE I.

VITAL STATISTICS—PLYMOUTH—1914–1956.

Year.	Estimated Mid-year Population (a) Civilian (b) Total Resident.	Birth Rate.	Death. Rate.	Infant Mortality Rate per 1,000 Live Births.	CRUDE DEATH-RATES PER 1,000 POPULATION FROM						
					Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Tuberculosis.		Cancer.
									Respiratory.	Other Forms.	
1914	212,421 (b)	23.70	15.50	109.70	.26	.05	.22	.25	1.23	.37	1.08
1915	187,911 (a)	19.90	17.40	119.30	.61	.04	.13	.23	1.26	.45	1.15
1916	184,473 (a)	21.60	16.10	90.60	.26	.02	.08	.28	1.37	.35	1.24
1917	179,375 (a)	19.39	16.44	96.95	.46	.01	.11	.17	1·25	.49	1.33
1918	179,629 (a)	19.17	18.90	96.63	.31	.03	.32	.09	1.67	.49	1.16
Average		**20.75**	**16.86**	**102.63**	**.38**	**.03**	**.17**	**.20**	**1.35**	**.43**	**1.19**
1919	181,967 (a)	21.62	15.48	85.85	.16	.02	.02	.20	1.27	.40	1.38
1920	189,218 (a)	26.35	14.48	74.78	.18	.00	.17	.19	1.03	.24	1.29
1921	199,860 (a)	21.21	12.5	77.52	.01	.02	.05	.06	1.04	.21	1.34
1922	200,370 (a)	19.65	14.4	74.31	.22	.01	.10	.07	1.09	.24	1.25
1923	193,017 (a)	19.49	12.7	50.67	.03	.00	.04	.05	1.04	.23	1.40
Average		**21.66**	**13.91**	**72.62**	**.12**	**.01**	**.07**	**.11**	**1.09**	**.26**	**1.33**
1924	192,900 (a)	18.16	14.3	81.53	.13	.00	.16	.11	1.08	.22	1.31
1925	197,378 (a)	18.1	12.2	63.0	.01	.01	.07	.04	0.91	.22	1.36
1926	187,300 (a)	17.2	12.3	71.9	.10	.01	.07	.18	0.95	.18	1.49
1927	187,600 (a)	16.5	12.0	61.0	.00	.02	.06	.12	0.97	.16	1.58
1928	187,600 (a)	17.0	12.0	69.2	.41	.01	.02	.17	0.85	.17	1.52
Average		**17.59**	**12.5**	**69.32**	**.13**	**.01**	**.07**	**.12**	**0.95**	**.19**	**1.45**
1929	199,000 (a)	16.5	12.6	59.5	.02	.02	.17	.13	0.84	.12	1.39
1930	199,000 (a)	15.9	11.8	60.0	.14	.03	.02	.11	0.84	.17	1.47
1931	191,800 (a)	16.4	13.5	66.8	.01	.01	.05	.08	0.69	.20	1.48
1932	208,440 (b)	15.59	12.55	58.44	.02	.04	.07	.09	0.78	.15	1.49
1933	206,200 (b)	15.67	13.23	58.16	.06	.01	.06	.08	0.86	.12	1.47
Average		**16.01**	**12.73**	**60.58**	**.05**	**.02**	**.07**	**.10**	**0.80**	**.15**	**1.46**
1934	203,450 (b)	15.7	12.05	53.69	.06	.00	.08	.07	0.82	.17	1.59
1935	203,600 (b)	15.0	12.25	59.70	.02	.00	.01	.11	0.56	.15	1.58
1936	206,400 (b)	14.8	12.25	55.86	.01	.00	.09	.19	0.60	.13	1.57
1937	210,460 (b)	14.6	12.79	45.88	.00	.00	.01	.08	0.70	.07	1.63
1938	211,800 (b)	15.6	11.95	53.25	.12	—	.05	.07	0.64	.13	1.54
Average		**15.14**	**12.25**	**53.68**	**.04**	**.00**	**.05**	**.10**	**0.66**	**.13**	**1.58**
1939	215,500 (a)	15.6	12.61	42.04	—	—	—	.11	0.64	.12	1.65
1940	197,800 (a)	16.6	15.72	59.69	.02	—	.00	.53	0.83	.13	1.85
1941	149,300 (a)	16.43	23.87	77.49	.08	—	.07	.18	0.94	.15	2.25
1942	127,300 (a)	22.12	15.51	51.82	.00	—	.01	.12	0.95	.23	2.51
1943	136,530 (a)	23.03	16.69	37.53	.06	—	06	.07	0.92	.20	2.34
Average		**18.75**	**16.88**	**53.71**	**.03**	—	**.03**	**.20**	**0.85**	**.16**	**2.12**
1944	144,700 (a)	24.03	14.66	39.98	.00	—	.00	.02	0.86	.12	2.13
1945	157,580 (a)	24.27	15.55	55.96	.00	—	.01	.03	0.79	.10	2.18
1946	176,070 (a)	24.26	13.87	46.11	.00	—	.02	.01	0.60	.14	2.06
1947	181,600 (a)	**24.72**	14.09	49.88	.05	—	.01	.01	0.77	.16	1.83
1948	188,940 (a)	21.36	12.25	29.73	—	—	.01	.00	0.73	.12	2.09
Average		**23.73**	**14.08**	**44.33**	**.01**	—	**.01**	**.01**	**0.75**	**.13**	**2.06**
1949	190,860 (a)	19.75	13.14	34·23	.00	—	.03	.00	0.62	.03	1.98
1950	208,960 (b)	16.91	11.72	29.43	—	—	.01	—	0.52	.07	1.82
1951	219,700 (b)	16.49	12.16	33.41	.01	—	.01	—	0.42	.04	1.65
1952	218,600 (b)	15.95	11.18	29.53	—	—	.01	.00	0.22	.02	1.73
1953	221,400 (b)	16.45	11.03	26.90	—	—	.01	—	0.20	.02	1.84
Average		**17.11**	**11.84**	**30.70**	**.00**	—	**.01**	**.00**	**0.39**	**.03**	**1.80**
1954	217,500 (b)	16.46	10.79	28.21	—	—	—	—	0.14	.01	1.78
1955	218,000 (b)	16.22	10.93	20.65	—	—	.00	—	0.19	.00	1.88
1956	216,200 (b)	16.31	11.28	17.58	—	—	—	—	0.12	.00	1.79

Note.—A series of dashes indicates that there were no deaths from that particular disease during that year.

A " 0 " preceding a decimal point indicates that in some previous year the rate was greater than unity.

A rate of .00 indicates that there were too few deaths during that year to be expressed as a rate to two decimal places.

TABLE II.

VITAL STATISTICS—1914–1956.

Year.	Stillbirths.		Infant Mortality		Neo-Mortality.		Maternal Mortality.					
							Sepsis.		Others.		Total.	
	No.	*Rate per 1,000 Live and Still Births.*	*No. of Deaths under 1 year.*	*Rate per 1,000 Live Births.*	*No. of Deaths under 4 weeks.*	*Rate per 1,000 Live Births.*	*No. of Deaths.*	*Rate per 1,000 Live and Still Births.*	*No. of Deaths.*	*Rate per 1,000 Live and Still Births.*	*No. of Deaths.*	*Rate per 1,000 Live and Still Births*
1914	51	10.02	553	109.7	215	42.68	5	.98	22	4.32	27	5.30
1915	29	6.80	505	119.3	145	34.26	6	1.41	17	3.98	23	5.39
1916	64	14.51	394	90.6	140	32.20	4	.90	20	4 53	24	5.43
1917	59	17.57	376	96.95	137	35.33	2	1.50	15	3.81	17	4.31
1918	133	33.24	373	96.63	132	34.20	5	1.25	14	3.50	19	4.75
Average	**67**	**16.43**	**444**	**102.63**	**154**	**35.73**	**4**	**1.21**	**17**	**4.03**	**22**	**5.03**
1919	143	33.70	352	85.85	135	32.93	5	1.18	18	4.24	23	5.42
1920	153	27.61	403	74.78	182	33.78	4	.73	22	3.96	26	4.69
1921	?	?	347	77.52	153	34.18	3	.67	12	2.68	15	3.35
1922	134	31.22	309	74.31	153	36.81	4	.93	17	3.96	21	4.89
1923	129	30.33	209	50.67	102	24.74	5	1.17	12	2.82	17	3.99
Average	**139**	**30.71**	**324**	**72.62**	**145**	**32.49**	**4**	**.94**	**16**	**3.53**	**20**	**4.47**
1924	125	32.23	306	81.53	128	34.11	6	1.54	19	4.90	25	6.44
1925	?	?	243	63.0	117	30.54	3	.78	15	3.91	18	4.69
1926	?	?	262	71.9	106	29.12	3	.83	8	2.19	11	3.02
1927	?	?	214	61.0	112	31.99	11	3.15	16	4.56	27	7.71
1928	149	39.64	250	69.2	121	33.53	5	1.38	17	4.71	22	6.09
Average	**137**	**35.93**	**255**	**69.32**	**117**	**31.85**	**5**	**1.53**	**15**	**4.05**	**20**	**5.59**
1929	147	40.03	210	59.5	111	31.49	6	1.76	11	2.86	17	4.62
1930	179	49.73	208	60.0	93	27.19	8	2.22	18	5.00	26	7.22
1931	128	36.00	229	66.8	102	29.77	1	.29	8	2.33	9	2.62
1932	153	44.94	190	58.44	97	29.84	8	2.35	12	3.52	20	5.87
1933	126	37.53	188	58.16	107	33.11	7	2.08	13	3.87	20	5.95
Average	**147**	**41.64**	**205**	**60.58**	**102**	**30.28**	**6**	**1.74**	**12**	**3.52**	**18**	**5.26**
1934	118	35.5	172	53.69	91	28.41	6	1.81	8	2.40	14	4.21
1935	124	38.8	183	59.70	103	33.60	9	2.82	7	2.19	16	5.01
1936	120	37.7	171	55.86	77	25.16	5	1.57	4	1.26	9	2.83
1937	118	36.9	141	45.88	66	21.48	7	2.19	10	3.13	17	5.32
1938	140	40.6	176	53.25	87	26.32	2	0.58	5	1.45	7	2.03
Average	**124**	**37.9**	**168**	**53.68**	**85**	**26.99**	**6**	**1.79**	**7**	**2.08**	**12**	**3.88**
1939	127	35.5	145	42.04	82	23.79	2	0.55	9	2.51	11	3.06
1940	117	34.2	197	59.69	95	28.83	7	2.04	4	1.17	11	3.21
1941	82	32.3	178	77.49	75	30.57	2	0.84	4	1.68	6	2.52
1942	87	29.9	146	51.82	85	30.17	2	0.69	8	2.75	10	3.44
1943	103	31.7	118	37.53	57	18.13	5	1.54	7	2.15	12	3.69
Average	**103**	**32.7**	**157**	**53.71**	**79**	**26.29**	**4**	**1.13**	**6**	**2.05**	**10**	**3.18**
1944	99	27.6	139	39.98	80	23.01	3	0.84	4	1.12	7	1.96
1945	111	28.2	214	55.96	112	29.28	3	0.76	14	3.56	17	4.32
1946	101	23.09	197	46.11	113	26.45	1	0.22	5	1.14	6	1.36
1947	97	21.14	224	49.88	127	28.28	–	–	3	0.65	3	0.65
1948	82	19.91	120	29.73	80	19.82	1	0.24	1	0.24	2	0.48
Average	**98**	**23.99**	**179**	**44.33**	**102**	**25.37**	**2**	**0.41**	**5**	**1.34**	**7**	**1.75**
1949	98	25.34	129	34.23	75	19.89	—	—	5	1.29	5	1.29
1950	68	18 88	104	29.43	67	18.96	1	0.27	3	0.83	4	1.10
1951	89	23.98	121	33.41	77	21.26	—	—	2	0.54	2	0.54
1952	81	22.70	103	29.53	73	20.94	—	—	3	0.84	3	0.84
1953	75	20.17	98	26.90	62	17.02	1	0.27	5	1.34	6	1.61
Average	**82**	**22.21**	**111**	**30.70**	**71**	**19.61**	**.4**	**0.11**	**3**	**0.97**	**4**	**1.08**
1954	90	24.52	101	28.21	71	19.83	—	—	4	1.09	4	1.09
1955	73	20.22	73	20.65	52	14.71	—	—	3	0.83	3	0.83
1956	86	23.80	62	17.58	46	13.05	—	—	1	0.27	1	0.27

DEATHS UNDER FIVE YEARS OF AGE—BY CAUSES AND AGE GROUPS.

(CLASSIFIED LOCALLY UNDER THE INTERNATIONAL STATISTICAL CLASSIFICATION OF CAUSES OF DEATH)

FOR THE 52 WEEKS ENDED 29th DECEMBER, 1956

Cause of Death	*under 1 day*		*1 day*		*2 days*		*3 days*		*4 days*		*5 days*		*6 days*		*7–13 days*		*14–20 days*		*21–28 days*		*Total under 1 month*		*1–2 months*		*2 months*		*3 months*		*4 months*		*5 months*		*6 months*		*7 months*		*8 months*		*9 months*		*10 months*		*11 months*		*Total under 1 year*		*1–4 years*		*Total under 5 years*	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A 20 Septicaemia and pyaemia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
A 23 Meningococcal infections	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–
A 58 Leukaemia and aleukaemia ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–
A 66 Allergic disorders, all other endocrine, metabolic and blood diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
A 78 All other diseases of the nervous system and sense organs ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1
A 82 Other diseases of heart	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	–
A 88 Influenza	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–
A 90 Bronchopneumonia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	3	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	4	3	–	–	4	3
A 91 Primary atypical, other and unspecified pneumonia	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	2	1	–	1	2	2
A 92 Acute bronchitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1
A 104 Gastro-enteritis and colitis, except diarrhoea of the newborn ...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–
A 108 Acute nephritis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
A 127 Spina bifida and meningocele ...	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–
A 128 Congenital malformations of the circulatory system	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	2	1	–	–	2	1
A 129 All other congenital malformations	1	–	1	2	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	4	2	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	4	4	–	–	4	4
A 130 Birth injuries	1	1	–	–	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	4	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	2	–	–	4	2
A 131 Postnatal asphyxia and atelectasis	6	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	6	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	6	2	–	–	6	2
A 132 Infections of the newborn	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1	1	–	3	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	1	–	–	3	1
A 133 Haemolytic disease of the newborn	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	1	1
A 135 Ill-defined diseases peculiar to early infancy, and immaturity unqualified	7	2	2	–	–	1	1	–	–	–	–	–	–	1	–	–	–	–	–	–	10	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	10	4	–	–	10	4
A 137 Ill-defined and unknown causes of morbidity and mortality ...	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1
AE138 Motor vehicle accidents	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–
AN147 Effect of foreign body entering through orifice	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1
TOTALS	18	5	3	3	1	2	5	1	1	–	1	–	1	1	–	–	–	2	2	–	32	14	1	1	–	1	4	–	–	1	1	3	–	2	–	–	–	–	–	–	1	–	–	1	39	23	6	4	45	27

DEATHS BY AGE GROUPS AND CAUSES—1956.

AS CLASSIFIED BY THE REGISTRAR GENERAL.

CAUSE OF DEATH	0–1		1–4		*Total under 5 yrs.*		5–14		15–24		25–44		45–64		65–74		*75 and upwards*		*Total all ages*		*Grand Total*
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Tuberculosis, respiratory	–	–	–	–	–	–	–	–	–	1	3	1	10	2	7	3	–	1	20	8	28
2. Tuberculosis, other	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	2	2
3. Syphilitic disease	–	–	–	–	–	–	–	–	–	–	–	–	1	2	–	1	–	–	1	3	4
4. Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
5. Whooping-cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
6. Meningococcal infections	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
7. Acute Poliomyelitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
8. Measles	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
9. Other infective and parasitic diseases	–	–	–	–	–	–	1	2	–	–	–	1	–	–	–	–	–	–	1	3	4
10. Malignant neoplasm, stomach ...	–	–	–	–	–	–	–	–	–	–	1	–	12	4	18	5	4	10	35	19	54
11. Malignant neoplasm, lung and bronchus	–	–	–	–	–	–	–	–	–	–	4	–	38	4	18	1	3	3	63	8	71
12. Malignant neoplasm, breast ...	–	–	–	–	–	–	–	–	–	–	–	5	–	16	–	8	–	3	–	32	32
13. Malignant neoplasm, uterus ...	–	–	–	–	–	–	–	–	–	1	–	–	–	10	–	4	–	1	–	16	16
14. Other malignant and lymphatic neoplasms	–	–	–	–	–	–	–	–	3	–	8	7	34	39	42	27	36	31	123	104	227
15. Leukaemia and aleukaemia ...	–	–	1	–	1	–	–	–	–	–	1	1	1	1	1	2	1	–	5	4	9
16. Diabetes	–	–	–	–	–	–	–	–	–	–	–	–	3	–	2	2	4	4	9	6	15
17. Vascular lesions of nervous system	–	–	–	–	–	–	–	–	2	–	6	4	33	38	47	52	51	107	139	201	340
18. Coronary disease, angina	–	–	–	–	–	–	–	–	–	–	5	2	88	23	97	41	61	52	251	118	369
19. Hypertension with heart disease...	–	–	1	–	1	–	–	–	–	–	–	–	6	1	13	12	7	15	27	28	55
20. Other heart disease	–	–	–	–	–	–	–	–	–	2	8	3	24	17	40	44	80	183	152	249	401
21. Other circulatory disease	–	–	–	–	–	–	–	–	–	–	1	–	8	12	19	23	31	40	59	75	134
22. Influenza	–	–	1	1	1	1	–	–	–	–	–	–	–	–	–	1	3	6	4	8	12
23. Pneumonia	11	6	–	1	11	7	–	1	1	–	2	1	16	7	29	15	42	43	101	74	175
24. Bronchitis	–	1	–	–	–	1	–	–	–	–	–	1	15	4	26	8	25	22	66	36	102
25. Other diseases of respiratory system	–	–	–	–	–	–	–	–	–	–	–	–	9	1	4	3	5	3	18	7	25
26. Ulcer of stomach and duodenum...	–	–	–	–	–	–	–	–	–	–	1	–	3	–	5	–	3	4	12	4	16
27. Gastritis, enteritis and diarrhoea...	1	–	–	–	1	–	1	–	–	–	–	–	–	1	1	1	–	1	3	3	6
28. Nephritis and nephrosis	–	–	–	1	–	1	3	–	1	3	1	1	4	3	2	1	4	2	15	11	26
29. Hyperplasia of prostate	–	–	–	–	–	–	–	–	–	–	–	–	–	–	8	–	16	–	24	–	24
30. Pregnancy, childbirth, abortion...	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	1
31. Congenital malformations	8	4	1	–	9	4	–	–	1	–	1	–	–	2	1	–	–	–	12	6	18
32. Other defined and ill-defined diseases	20	11	–	1	20	12	–	1	4	1	2	6	22	19	17	17	24	43	89	99	188
33. Motor vehicle accidents	–	–	1	–	1	–	2	–	3	–	1	–	2	–	2	1	3	1	14	2	16
34. All other accidents	–	–	–	–	–	–	–	–	3	–	4	1	8	4	4	1	7	13	26	19	45
35. Suicide	–	–	–	–	–	–	–	–	–	1	1	2	4	9	2	1	2	–	9	13	22
36. Homicide and operations of war...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
TOTAL ALL CAUSES	40	22	6	4	46	26	7	4	18	9	50	38	341	219	405	274	412	589	1279	1159	2438

DEATHS REGISTERED DURING THE 52 WEEKS ENDED 31st DECEMBER, 1956

INTERNATIONAL STATISTICAL CLASSIFICATION OF CAUSES OF DEATH—(W.H.O. 1948)

	Cause of Death	0–4 *years*		5–14 *years*		15–24 *years*		25–44 *years*		45–64 *years*		65–74 *years*		75 *years and over*		*Total*		*Grand Total*	*Deaths in Public Institutions*
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A 1	Tuberculosis of respiratory system	–	–	–	–	–	1	3	1	10	2	7	2	–	1	20	7	27	16
A 3	Tuberculosis of intestines, peritoneum and mesenteric glands	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	2	2	1
A 8	Tabes Dorsalis	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1	1
A 10	All other syphilis	–	–	–	–	–	–	–	–	1	1	–	1	–	–	1	2	3	2
A 13	Paratyphoid fever and other Salmonella infections	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	1	1
A 20	Septicaemia and pyaemia	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	2	2	2
A 23	Meningococcal infections	2	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	1
A 26	Tetanus	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1
A 30	Late effects of acute poliomyelitis and acute infectious encephalitis	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	1	–
A 44	Malignant neoplasm of buccal cavity and pharynx	–	–	–	–	–	–	–	–	1	2	–	–	1	2	2	4	6	5
A 45	Malignant neoplasm of oesophagus	–	–	–	–	–	–	1	–	2	3	2	1	3	2	8	6	14	7
A 46	Malignant neoplasm of stomach	–	–	–	–	–	–	1	–	11	5	18	5	5	9	35	19	54	23
A 47	Malignant neoplasm of intestine, except rectum	–	–	–	–	–	–	3	3	3	6	10	7	4	11	20	27	47	18
A 48	Malignant neoplasm of rectum	–	–	–	–	–	–	–	2	3	7	6	4	5	2	14	15	29	14
A 49	Malignant neoplasm of larynx	–	–	–	–	–	–	–	–	2	–	–	–	–	1	2	1	3	–
A 50	Malignant neoplasm of trachea, and of bronchus, and lung, not specified as secondary	–	–	–	–	–	–	4	–	37	5	18	1	3	3	62	9	71	22
A 51	Malignant neoplasm of breast	–	–	–	–	–	–	–	5	–	16	–	7	–	3	–	31	31	10
A 52	Malignant neoplasm of cervix uteri	–	–	–	–	–	1	–	–	–	8	–	–	–	1	–	10	10	4
A 53	Malignant neoplasm of other and unspecified parts of uterus	–	–	–	–	–	–	–	–	–	3	–	4	–	–	–	7	7	2
A 54	Malignant neoplasm of prostate	–	–	–	–	–	–	–	–	–	–	6	–	9	–	15	–	15	9
A 55	Malignant neoplasm of skin	–	–	–	–	–	–	–	–	1	–	1	–	–	1	2	1	3	–
A 56	Malignant neoplasm of bone and connective tissue	–	–	–	–	–	–	–	–	1	1	–	–	–	–	1	1	2	1
A 57	Malignant neoplasm of all other and unspecified sites	–	–	–	–	1	–	4	2	17	19	14	11	13	15	49	47	96	42
A 58	Leukaemia and aleukaemia	1	–	–	–	–	–	1	1	1	1	1	2	–	–	4	4	8	5
A 59	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	–	–	–	–	1	–	–	–	2	1	1	1	1	–	5	2	7	3
A 60	Benign neoplasms and neoplasms of unspecified nature	–	–	–	1	–	–	–	1	1	1	3	2	1	–	5	5	10	6
A 61	Nontoxic goiter	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	2	1
A 62	Thyrotoxicosis with or without goitre	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	2	–
A 63	Diabetes mellitus	–	–	–	–	–	–	–	–	3	–	2	3	4	3	9	6	15	12
A 64	Avitaminosis and other deficiency states	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	1	1
A 65	Anaemias	–	–	–	–	–	–	–	–	–	1	1	1	1	4	2	6	8	4
A 66	Allergic disorders; all other endocrine, metabolic and blood diseases	–	1	–	–	–	–	–	1	6	4	5	2	4	1	15	9	24	11
A 67	Psychoses	–	–	–	–	–	–	–	–	–	–	1	–	1	3	2	3	5	4
A 70	Vascular lesions affecting the central nervous system	–	–	–	–	2	–	4	3	33	36	45	50	53	102	137	191	328	136
A 71	Nonmeningococcal meningitis	–	–	–	–	1	1	–	–	–	–	–	–	–	–	1	1	2	1
A 72	Multiple sclerosis	–	–	–	–	–	–	–	–	–	1	–	–	1	–	1	1	2	–
A 73	Epilepsy	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	1	-
A 77	Otitis media and mastoiditis	–	–	–	–	–	–	–	–	1	–	1	–	–	–	2	–	2	1
A 78	All other diseases of the nervous system and sense organs	–	1	–	–	–	–	1	–	2	–	1	4	2	1	6	6	12	3
A 79	Rheumatic fever	–	–	–	–	1	1	–	–	–	1	–	–	–	–	1	2	3	–
A 80	Chronic rheumatic heart disease	–	–	–	–	–	–	2	2	5	8	4	3	1	–	12	13	25	5
A 81	Arteriosclerotic and degenerative heart disease	–	–	–	–	–	1	7	2	93	26	118	70	129	210	347	309	656	143
A 82	Other diseases of heart	2	–	–	–	–	–	3	2	7	–	8	5	8	25	28	32	60	23
A 83	Hypertension with heart disease	–	–	–	–	–	–	1	2	18	14	29	31	19	33	67	80	147	31
A 84	Hypertension without mention of heart	–	–	–	–	–	–	–	–	1	4	1	3	1	2	3	9	12	8
A 85	Diseases of arteries	–	–	–	–	1	–	–	–	1	2	5	10	13	17	20	29	49	21
A 86	Other diseases of circulatory system	–	–	–	–	1	–	1	–	–	1	1	–	2	3	5	4	9	7
A 88	Influenza	1	–	–	–	–	–	–	–	–	–	–	1	3	6	4	7	11	6
A 89	Lobar pneumonia	–	–	–	–	1	–	1	1	7	1	6	–	8	6	23	8	31	21
A 90	Bronchopneumonia	4	3	–	1	–	–	1	–	9	6	22	14	34	33	70	57	127	93
A 91	Primary atypical, other and unspecified pneumonia	2	2	–	–	–	–	–	–	1	1	3	–	2	1	8	4	12	10
A 92	Acute bronchitis	–	1	–	–	–	–	–	–	1	2	2	1	5	4	8	8	16	2
A 93	Bronchitis, chronic and unqualified	–	–	–	–	–	–	–	1	14	2	23	8	18	17	55	28	83	19
A 95	Empyema and abscess of lung	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	1
A 96	Pleurisy	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	1	–
A 97	All other respiratory diseases	–	–	–	–	–	–	–	–	8	1	3	3	6	4	17	8	25	7
A 99	Ulcer of stomach	–	–	–	–	–	–	1	–	1	–	3	–	2	4	7	4	11	9
A 100	Ulcer of duodenum	–	–	–	–	–	–	–	–	2	–	2	–	1	–	5	–	5	3
A 101	Gastritis and duodenitis	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	1	–
A 102	Appendicitis	–	–	–	–	–	–	–	–	–	2	1	–	1	–	2	2	4	3
A 103	Intestinal obstruction and hernia	–	–	–	–	–	–	–	–	1	1	2	–	4	3	7	4	11	9
A 104	Gastro-enteritis and colitis, except diarrhoea of the newborn	1	–	1	–	–	–	–	–	–	1	–	1	–	1	2	3	5	3
A 105	Cirrhosis of liver	–	–	–	–	1	–	–	–	7	1	1	–	–	–	9	1	10	8
A 106	Cholelithiasis and cholecystitis	–	–	–	–	–	–	–	–	1	–	–	2	1	3	2	5	7	4
A 107	Other diseases of digestive system	–	–	–	–	–	–	–	1	2	2	3	–	1	1	6	4	10	8
A 108	Acute nephritis	–	1	1	–	–	1	–	–	1	–	–	–	–	–	2	2	4	3
A 109	Chronic, other and unspecified nephritis	–	–	2	–	1	2	1	–	3	1	3	–	6	4	16	7	23	15
A 110	Infections of kidney	–	–	–	–	–	–	–	–	1	1	–	1	–	–	1	2	3	3
A 111	Calculi of urinary system	–	–	–	–	–	–	–	1	–	–	–	1	1	–	1	2	3	–
A 112	Hyperplasia of prostate	–	–	–	–	–	–	–	–	–	–	7	–	15	–	22	–	22	17
A 114	Other diseases of genito-urinary system	–	–	–	–	–	–	–	–	1	1	2	1	1	1	4	3	7	5
A 117	Haemorrhage of pregnancy and childbirth	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	1	1
A 121	Infections of skin and subcutaneous tissue	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–
A 122	Arthritis and spondylitis	–	–	–	–	–	–	–	–	–	1	–	2	1	3	1	6	7	3
A 123	Muscular rheumatism and rheumatism unspecified	–	–	–	–	–	–	–	–	1	–	–	–	–	1	1	1	2	1
A 126	All other diseases of skin and musculo-skeletal system	–	–	–	–	–	–	–	–	1	–	1	–	–	2	2	2	4	3
A 127	Spina bifida and meningocele	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1
A 128	Congenital malformations of circulatory system	2	1	–	–	–	–	3	–	1	1	–	–	–	–	6	2	8	6
A 129	All other congenital malformations	4	4	–	–	1	–	–	–	–	2	–	–	–	–	5	6	11	10
A 130	Birth injuries	4	2	–	–	–	–	–	–	–	–	–	–	–	–	4	2	6	4
A 131	Post-natal asphyxia and atelectasis	6	2	–	–	–	–	–	–	–	–	–	–	–	–	6	2	8	7
A 132	Infections of the newborn	3	1	–	–	–	–	–	–	–	–	–	–	–	–	3	1	4	4
A 133	Haemolytic disease of newborn	1	1	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	2
A 135	Ill-defined diseases peculiar to early infancy and immaturity unqualified	10	4	–	–	–	–	–	–	–	–	–	–	–	–	10	4	14	14
A 136	Senility without mention of psychosis	–	–	–	–	–	–	–	–	–	–	–	–	4	20	4	20	24	2
A 137	Ill-defined and unknown causes of morbidity and mortality	–	1	1	–	–	–	–	–	–	–	1	–	–	1	2	2	4	4
AE138	Motor vehicle accidents	1	–	2	–	3	–	1	–	2	–	2	1	3	1	14	2	16	12
AE139	Other transport accidents	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	2	2
AE140	Accidental poisoning	–	–	–	–	–	–	–	–	–	2	1	–	–	2	1	4	5	1
AE141	Accidental falls	–	–	–	–	–	–	–	–	2	1	1	1	3	2	6	4	10	8
AE142	Accident caused by machinery	–	–	–	–	–	–	–	–	2	–	–	–	–	–	2	–	2	1
AE146	Accidental drowning and submersion	–	–	–	–	2	–	–	–	–	–	–	–	–	–	2	–	2	–
AE147	All other accidental causes	–	–	–	–	1	–	4	–	–	–	–	–	–	–	5	–	5	4
AE148	Suicide and self-inflicted injury	–	–	–	–	–	1	1	2	4	9	2	1	1	–	8	13	21	–
AN147	Effects of foreign body entering through orifice	–	1	–	–	–	–	–	–	1	–	–	–	–	–	1	1	2	–
AN149	Effects of poisons	–	–	–	–	–	–	–	1	–	–	1	–	–	–	1	1	2	2
AN150	All other and unspecified effects of external causes	–	–	–	–	–	–	–	–	2	1	–	–	1	–	3	1	4	–
	TOTALS	45	27	8	4	18	9	50	37	340	220	401	272	407	581	1269	1150	2419	949

CLIMATOLOGICAL OBSERVATIONS

Taken at The Hoe, Plymouth, during the Year 1956

	1956	1955	*Records and Averages*
TEMPERATURES:			
Maximum	75.6 (24th July)	85.8 (23rd Aug.)	87.0‡ (16/8/47) (12/7/23)
Minimum	16.7 (2nd Feb.)	23.6 (20th Feb.)	16.0‡ (29/1/47) (1/2/47)
Mean	50.6	51.6	51.5***
Daily Range	11.1	11.6	10.7***
Relative Humidity	83%	80%	81%***
EARTH TEMPERATURES:			
Earth 1 ft. deep	51.7	52.5	52.3*
Earth 4 ft. deep	52.3	52.9	52.8**
Minimum on Grass	5.0 (2nd Feb.)	15.9 (18th Mar.)	5.0‡ (2/2/56)
SEA TEMPERATURE:			
Mean 6 ft. deep	53.1	53.4	53.3*
RAINFALL:			
Total during Year	35.30″	34.90″	37.62***
Greatest daily fall	1.53″ (25th Dec.)	1.50″ (18th July)	2.55:‡ (15/8/52)
Number Wet Days	181	168	190***
SUNSHINE:			
Total Number Hours	1755.5	1912.7	1684.6***
Greatest Daily Amount	15.2 (26th June)	14.4 (6th July)	15.3‡ (3/6/06)
Number Sunless Days	56	54	63***
WIND:			
Prevailing Direction	E.S.E.	E.S.E.	S.W.***
Highest Gust, m.p.h	69 (29th July)	71 (23rd Mar.)	96‡ (8/3/28)

‡ Denotes Absolute Record.
* Denotes a 55 Year Average.
** Denotes a 37 Year Average.
*** Denotes a 60 Year Average.

METEOROLOGICAL STATISTICS—1956

General Notes. Although the mean air temperature for January was slightly above average, unusually cold weather was experienced in February, when the mean air temperature for the month was nearly 9°F. below average. A new grass minimum temperature record of 5°F. was established on the 2nd February, when the air minimum temperature fell below 17°F.

Monthly sunshine totals in February, March, April and May were all well above the 60 years average. On the 29th April 13.4 hours of sunshine were recorded, equalling the sunniest day on record for April.

On the 8th May a visit was made by an Inspector from the Meteorological Office, and the Dines Pressure Tube Anemometer at Smeaton Tower was examined and tested. Following an inspection report, which stated that the work of the observers was satisfactory, an Air Ministry certificate of inspection for the station was issued in June.

The sunniest day of the year was recorded in June, while both the highest maximum air temperature and the highest wind gust for the year were recorded in July. In August, new absolute records for the August air minimum temperature and the grass minimum temperature were established, 41.1°F. on the 30th and 34.1°F. on the 31st respectively.

September was the dullest September since records began in 1893; only 77.2 hours of sunshine were registered—less than half the monthly average. On the other hand, 6.92″ of rain were recorded in September, this being more than double the monthly average.

Sunshine recorded in October was 23.9 hours above the monthly average. In November, only 1.54″ of rain were recorded, well under half the monthly average. The greatest daily rainfall of the year occurred on Christmas Day, when a wind gust of 66 m.p.h. was registered on the Hoe.

Maternity and Child Welfare

REPORT OF SENIOR ASSISTANT MEDICAL OFFICER
FOR MATERNITY AND CHILD WELFARE

DR. MARION SMELLIE

Births Out of a total of 3,847 notified and registered live births, 3,526 belong to Plymouth, giving a live birth rate of 16.31 per 1,000 of the population, the rate for England and Wales being 15.7.

There was an increase of 34 in the illegitimate live births.

The number of domiciliary live births was 1,895, and there were 1,952 live births in institutions.

The wards with the highest number of live births were Crownhill with 338, Ernesettle 319, Nelson 248 and Molesworth 202.

	Notified	*Registered*	*Allocated*
Total live births (legitimate and illegitimate)	3847	3847	3526
Total stillbirths (legitimate and illegitimate)	127	127	86
	3974	3974	3612
Illegitimate births—live ...	84	84	210
stillbirths	4	4	3
	88	88	213

PLACE OF CONFINEMENT

Own home by municipal midwife	1519
Own home by municipal midwife with doctor present ...	343
Own home by private midwife	3
Own home by private midwife with doctor present ...	36
Own home by private doctor	1
Alexandra Maternity Home by midwife	668
Alexandra Maternity Home by midwife with doctor present	196
Freedom Fields Hospital by midwife	774
Freedom Fields Hospital by midwife with doctor present	320
Private Nursing Home with doctor	52
Other institutions	3
	*3915

*Multiple births counted as one

BIRTH RATES FROM 1920

Year		*Plymouth*	*England and Wales*
1920–29	Average	18.9	
1930–39	Average	15.4	
1940–49	Average	21.6	16.9
1950	... ...	16.91	15.8
1951	... ...	16.49	15.5
1952	... ...	15.95	15.3
1953	... ...	16.45	15.5
1954	... ...	16.46	15.2
1955	... ...	16.22	15.0
1956	... ...	16.31	15.7

The following table shows the ward distribution of Plymouth births, adjusted by inward and outward transfers:—

Ward	*Live Births*	*Stillbirths*	*Total Number Notified*
CHARLES	170	3	173
COMPTON	136	2	138
CROWNHILL	338	8	346
DRAKE	137	5	142
EFFORD	188	5	193
ERNESETTLE	319	6	325
FORD	141	3	144
FRIARY	125	5	130
MOLESWORTH	202	6	208
MOUNT GOLD	129	3	132
NELSON	248	1	249
PEVERELL	82	1	83
ST. ANDREW	175	10	185
ST. AUBYN	154	4	158
ST. BUDEAUX	197	4	201
ST. PETER	171	6	177
STOKE	182	6	188
SUTTON	182	3	185
TAMERTON	157	3	160
TRELAWNY	119	1	120
TOTAL ...	3552	85	3637

Stillbirths. One hundred and twenty-seven stillbirths were notified and registered, 44 of which were outward transfers and 2 inward transfers, leaving 85, but the Registrar-General allocated 86 to Plymouth, making our stillbirth rate 23.8 per 1,000 total births, the rate for England and Wales being 23.0 On investigation it was found that the increase in stillbirths belonging to Plymouth had occurred almost entirely in the 32- to 35-week macerated group and that all were hospital births.

STILLBIRTH RATE

Year.	England and Wales.	Plymouth.	
	Per 1,000 population.	Per 1,000 births.	Per 1,000 population.
1946	0.53	23.09	0.57
1947	0.50	21.15	0.53
1948	0.42	19.91	0.43
1949	0.39	25.34	0.51
1950	0.37	18.88	0.32
1951	0.36	23.98	0.40
1952	0.36	22.70	0.37
1953	0.35	20.17	0.34
1954	0.37	24.52	0.41
1955	0.36	20.22	0.33
1956	—	23.8	0.39

Number of notified stillbirths—Institutional ...	105	
—Domiciliary ...	22	
	127	
Plus inward transfers (Flete)	2	
	129	
Less outward transfers	44	
Plymouth stillbirths		85

The following information has been extracted from a survey of the records of the 85 Plymouth stillbirths:—

Institutional		*Domiciliary*	
Freedom Fields Hospital ...	54	Municipal midwives ...	21
Flete Maternity Home ...	2	Private midwives ...	1
Alexandra Maternity Home ...	7		
	63		22
Doctor in attendance	52	Male stillbirths ...	52
Midwife only in attendance ...	33	Female stillbirths ...	33
	85		85

A. MACERATED: 42. (Freedom Fields Hospital, 26; Alexandra Maternity Home, 4; Flete Maternity Home, 1; Own home, 11)

Duration of pregnancy:

Over 40 weeks	7
40 weeks	7
36–39 weeks	14
30–35 weeks	11
28–29 weeks	3
	42

Parity:

1st pregnancy	10
2nd ,,	6
3rd ,,	10
4th ,,	7
5th ,,	3
Over 5th pregnancy	6
	42

Prenatal supervision:

Satisfactory	40
Unknown	2
	42

Standard of living:

Good	21
Fair	19
Unknown	2
	42

Causes:

(*a*) *Postmature*

Cord round neck	1	
Foetal heart not heard after version 7 days ago	1	
Placental infraction (hypertension)	1	
Unknown	4	
		7

(*b*) *Full-term*

Placental insufficiency	1	
Hydrocephalus	1	
Congenital abnormalities	1	
Toxaemia	1	
Unknown	3	
		7

(*c*) 36–39 *weeks*

Foetal abnormality (anencephaly, etc.)	1	
Placental insufficiency	4	
Rhesus incompatibility	2	
Diabetes of mother	1	
Unknown	6	
		14

(*d*) 32–35 *weeks*

Toxaemia (one with A.P.H.)	4	
Eclampsia	1	
Gross foetal deformity	1	
Tight knot in cord	1	
Prematurity, under 2 lb.	2	
Unknown	1	
		10

(*e*) 28–30 *weeks*

Essential hypertension	2	
Hydrops foetalis	1	
Placental insufficiency	1	
		4
		42

B. Premature But Not Macerated: 21 (12 were under 4 lb. in weight; 3 between 4 and 4½lb. in weight; 1 between 4½–5 lb. in weight; 5 over 5 lb. in weight)

Duration of pregnancy

37 weeks	1
36 weeks	3
32–35 weeks	8
28–30 weeks	9
	21

Parity

1st pregnancy	3
2nd ,,	3
3rd ,,	7
4th ,,	4
Over 5th pregnancy	4
	21

Prenatal supervision

Satisfactory	19
Unknown	2
	21

Standard of living

Good	11
Fair	8
Unknown	2
	21

Causes

(*a*) 32–37 *weeks*

Poor health of mother	1	
Foetal abnormalities	1	
Anencephaly	2	
Severe toxaemia	2	
Accidental haemorrhage	4	
Unknown	2	
		12

(*b*) 28–30 *weeks*

Hydramnios—prematurity	2	
Second twin	1	
A.P.H. (prematurity)	1	
Pre-eclamptic toxaemia	1	
Anencephaly	2	
Prematurity	1	
Unknown	1	
		9
		21

C. Stillbirths at or Near Term: 22 (F.F.H., 11; A.M.H., 3; Flete, 1; Own home, 7)

Postmature ... 6 Term ... 12 38–39 weeks ... 4

Parity

1st pregnancy	5
2nd ,,	3
3rd ,,	7
4th ,,	3
5th ,,	1
Over 5th	3
	22

Age

Under 21 years	1
21–24 years	4
25–29 ,,	8
30–34 ,,	6
35–39 ,,	3
	22

Prenatal supervision

Satisfactory	22

Standard of living

Good	11
Fair	11
	22

Delivery

Spontaneous	14	
Instrumental	5	
Caesarian section	1	
Manual	2	
		22

Causes

Dystocia		1	
Cord anomalies—			
Cord round neck	2		
Prolapsed	4		
		6	
A.P.H. accidental		3	
Lack of attention at birth		1	
Anencephaly		2	
Asphyxia due to cord being compressed		1	
Postmaturity		3	
Intra cranial injury		1	
Congenital abnormalities		1	
Extended breech		1	
Unknown		2	
			22

Circular 20/44 Care of Premature Infants. During the year, 311 premature or underweight babies were born in Plymouth, 35 more than in 1955. Included in the 311 were 48 infants of multiple pregnancies in which one or both infants were underweight. There were 67 outward transfers and 5 inward transfers, leaving 249 premature babies belonging to Plymouth, an increase of 29 on the previous year. This unexplained increase is remarkable in that our total number of premature babies has been a fairly constant one for several years.

There were 27 deaths under a month (20 being in the first 24 hours) and 2 deaths after the 28th day.

The neonatal mortality rate among premature babies belonging to Plymouth has fallen from 150 to 108, and the percentage surviving at 28 days has risen from 85% to 89%.

Of the total notified live births 8% were premature, and of those belonging to Plymouth, 7%.

Twenty-eight premature babies born in their own homes were later removed to the hospital premature baby unit for special care, 22 surviving.

Thirteen premature babies left the city during the year, and on 31st December there were 207, that is 83% surviving and living in Plymouth.

1955 *Follow-up.*

Of the 169 babies surviving in Plymouth on 31.12.55, 6 left the city during 1956, there were no deaths, and the remaining 163 are making satisfactory progress.

DOMICILIARY PREMATURE BABY NURSING SERVICE

Summary of work done—

Total number of babies attended		264
1. Premature babies (i.e. 5½ lbs. or under)	213	
2. Difficult feeders (i.e. babies weighing over 5½ lbs. at birth but immature, or presenting feeding difficulties)	51	

Premature babies :

(*a*) Babies born on district and nursed at home entirely	60	213
(*b*) Babies born on district and transferred to hospital	15	
(*c*) Babies born in hospital and discharged for home nursing when 4lb. 5oz. or over	138	

Babies born on district and nursed at home entirely :—

Weight Group	*No. of babies*	*Average duration of nursing*	*Illnesses in first month*	*Mortality in first month*
Under 4 lb. 6 oz.	5	31 days	1 jaundice	None
4 lb. 6 oz.– 4 lb. 15 oz.	16	32 days	—	None
5 lb.– 5 lb. 8 oz.	39	23 days	1 congenital heart	None
TOTAL ...	60	28 days		None

The statistical summaries which follow deal with all Plymouth's premature babies whether born at home or in hospital:—

INSTITUTIONAL AND DOMICILIARY PREMATURE, OR UNDERWEIGHT, BABIES

	Total born in Plymouth	*Less Outward Transfers*	*Plus Inward Transfers*	*Total belonging to Plymouth*	*Died within 24 hours*	*Died 2–28 days*	*Left Plymouth 2–28 days*	*Surviving and living in Plymouth at 28 days*	*Died after 28th day and up to 31.12.56*	*Left Plymouth after 28th day and up to 31.12.56*	*Surviving and living in Plymouth at 31.12.56*		
											Total	*Six months and over*	*Under 1 month*
Institutional premature infants ...	223	67	5	161 (64.66%)	17	4	2	138	2	†9	127	62	22
Domiciliary premature infants ...	88	—	—	88 (35.3%)	3	3	—	82	—	2	80	40	5
TOTALS...	311	67	5	249	20	7	2	*220	2	11	207	102	27

* Belonging to Plymouth and surviving at one month ... 89%

† 1 ... Flete

Legitimate ... 299
Illegitimate ... 12
311

Male 159
Female 152
311

See following table for more detailed information.

INSTITUTIONAL AND DOMICILIARY PREMATURE, OR UNDERWEIGHT, BABIES — PROBABLE CAUSE OF PREMATURITY

Probable cause	*Total*	*Less Outward Transfers*	*Belonging to Plymouth*	*Died in first 24 hours*	*Died 2–28 days*	*Died after 28 days and up to 31.12.56*	*Left Plymouth as at 31.12.56*	*Total surviving and living in Plymouth at 31.12.56*
Multiple pregnancy	30	7	24	2	—	1	—	21
Multiple pregnancy (with hydramnios)	1	—	1	—	—	—	—	1
Multiple pregnancy (with toxaemia)	3	1	2	—	—	—	—	2
Toxaemia	38	9	29	—	1	—	1	27
Eclampsia	5	2	3	—	—	—	—	3
Hydramnios	2	1	1	—	—	—	—	1
Rhesus Negative	2	1	1	—	—	—	—	1
A.P.H. :—								
Toxaemia	11	5	6	1	1	—	—	4
Placenta praevia...	3	2	1	—	—	—	—	1
Cause not known	12	3	9	1	—	—	—	8
Induction of labour for toxaemia...	12	5	7	1	—	—	1	5
Caesarian section :—								
Toxaemia	5	1	4	1	—	—	—	3
A.P.H. (cause not known) ...	4	1	3	1	—	—	—	2
Premature rupture of membranes	16	2	14	1	—	—	3	10
Hypertension	3	2	1	—	—	—	1	—
Fall	1	—	1	—	—	—	—	1
General poor condition of mother...	4	1	3	—	—	—	—	3
Full-term but underweight ...	4	—	4	—	—	—	—	4
Over-exertion of mother	1	—	1	—	—	—	—	1
Not known	154	24	*134	12	5	1	7	109
TOTALS ...	311	67	*249	20	7	2	13	207

* Includes { 4 inward transfers from Flete
1 inward transfer from Wakefield

PREMATURE LIVE AND STILL BIRTHS BELONGING TO PLYMOUTH GROUPED ACCORDING TO BIRTH WEIGHT

Weight at Birth	Premature Live Births															Premature Stillbirths		
	Born in Hospital			*Born at home and nursed entirely at home*			*Born at home and transferred to Hospital on or before 28th day*			*Born in Nursing Home and nursed entirely there*			*Born in Nursing Home and transferred to Hospital on or before 28th day*			*Born in Hospital*	*Born at home*	*Born in Nursing Home*
	Total	*Died within 24 hours of birth*	*Survived at 28 days*	*Total*	*Died within 24 hours of birth*	*Survived 28 days*	*Total*	*Died within 24 hours of birth*	*Survived 28 days*	*Total*	*Died within 24 hours of birth*	*Survived 28 days*	*Total*	*Died within 24 hours of birth*	*Survived 28 days*			
(*a*) 3 lb. 4 oz. or less ... (1,500 gms. or less)	19	12	7	—	—	—	6	2	3	—	—	—	—	—	—	19	5	—
(*b*) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500–2,000 gms.)	36	3	32	5	—	5	14	1	13	—	—	—	—	—	—	8	—	—
(*c*) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ... (2,000–2,250 gms.)	40	1	38	14	—	14	3	—	3	—	—	—	—	—	—	5	2	—
(*d*) Over 4lb. 15 oz. up to and including 5 lb. 8 oz. (2,250–2,500 gms.)	66	1	63	41	—	41	5	—	3	—	—	—	—	—	—	4	1	—
TOTALS	161	17	140	60	—	60	28	3	22	—	—	—	—	—	—	36	8	—

DATA RE FEEDING OF PLYMOUTH'S 249 PREMATURE BABIES

Domiciliary: 88

	Deaths	*Left Plymouth*	*Breast Fed*	*Partly Breast Fed*	*Artificially Fed*
at 2 weeks	6	—	60	4	18
at 1 month	6	—	30	3	49
at 3 months	6	2	12	—	68

Institutional: 161

	Deaths	*Left Plymouth*	*Breast Fed*	*Partly Breast Fed*	*Artificially Fed*
at 2 weeks	21	—	82	18	40
at 1 month	21	2	46	6	86
at 3 months	23	5	18	—	115

INITIAL FEEDING OF 207 PREMATURE BABIES SURVIVING AND LIVING IN PLYMOUTH ON 31ST DECEMBER, 1956.

(*a*) *Institutional:* 127

Entirely breast fed	73
Breast fed, plus complementary feeding	18
Artificially fed	36

Smallest baby: 1 lb. 1 oz. Largest baby: 5 lb. 8 ozs.

(*b*) *Domiciliary:* 80

Entirely breast fed	59
Breast fed, plus complementary feeding	3
Artificially fed	18

Smallest baby: 1 lb. 6 ozs. Largest baby: 5 lb. 8 ozs.

Infant Mortality

In spite of the fact that 2 of the births were twins born prematurely while the mother was in Plymouth on a month's holiday from Scotland, the infant mortality rate, 17.58, is a new low record for Plymouth, and the neonatal rate, 13.05, is also the lowest yet recorded. The respective rates for England and Wales are 23.8 and 16.9.

There were 5 fewer deaths under one week, but because of the increase in stillbirths the perinatal rate has risen by 5 to 35.44. The number of deaths under 24 hours has remained stationary at 29 for the past 3 years.

The total number of deaths under one year was 62, 46 being under one month, and 42 of this 46 under one week.

Age at Death	*Prematures*	*Others*	*Total*
Under 24 hours	20	9	29
1–6 days	6	7	13
Total under 1 week ...	26	16	42
1 week–1 month	1	3	4
Total under 1 month ...	27	19	46

From the above table it will be seen that approximately 58% of the neonatal deaths occurred in premature babies, and that approximately 70% of the babies dying under 24 hours were premature.

About 52% of the premature neonatal deaths were due to immaturity alone.

Between one month and one year there were 16 deaths, 56% being due to respiratory tract infections and 19% to congenital malformations.

There were 10 deaths in children aged 1 to 5 years.

The following table shows infant death rates for domiciliary and hospital confinements worked out on locally adjusted figures.

	Total births	*Live births*	*Still-births*	*Still-birth rate*	*No. of neonatal deaths*	*Neonatal rate per thousand live births*
Domiciliary ...	1917	1895	22	11.5	13	6.86
Hospital ...	2057	1952	105	51.0	33	16.9

	Deaths under 1 month	*Deaths 0–1 years*	*Deaths 1–5 years*	*Total Deaths under 5 years*
1946	113	197	33	230
1947	127	221	36	257
1948	80	125	31	156
1949	75	127	19	146
1950	67	104	15	119
1951	77	121	29	150
1952	73	103	17	120
1953	61	98	11	109
1954	71	101	11	112
1955	52	73	8	81
1956	46	62	10	72

Gastro-enteritis in children under two years of age. 178 notifications were received. This included 56 cases admitted to the Scott Isolation Hospital, but later confirmed as due to other causes as follows:—

Sonne dysentery	4
Pneumonia	6
Bronchiolitis	3
Otitis media	2
Tonsillitis	2
Pneumonoccocal conjunctivitis	1
Toxic erythema	1
P.U.O.	1
Teething	1
Feeding	35
	56

In only 4 of the 35 cases recorded by the hospital as due to feeding upset or mis-management was the mothercraft standard really poor. In 9 cases it was fair, and in 22 the mothercraft was good. It would therefore seem that the upset was not primarily due to faulty feeding, but to some other factor.

The following summary deals with the remaining 122 notifications:—

Age groups	
Under 1 month	1
1–3 months	18
3–6 months	25
6–9 months	21
9 months to 1 year	26
1–2 years	31
	122

Where treated	
Own home	108
Isolation Hospital	12
Freedom Fields Hospital	2
	122

Place of birth (if under 3 months)	
Own home	9
Freedom Fields Hospital	3
Alexandra Maternity Home	4
Outside Plymouth	3
	19

Type of feeding	
Breast fed	4
Breast fed + complement	1
Breast fed + mixed	3
Dried milk	37
Dried milk + mixed	32
Liquid milk	6
Liquid milk + mixed	8
Mixed diet	31
	122

Severity	
Severe	15
Moderate	55
Mild	52
	122

Standard of mothercraft	
Good	76
Fair	30
Poor	10
Not known	6
	122

Sanitation	
Good	86
Fair	17
Poor	19
	122

Contact with gastro-enteritis in home	28

It will be noticed that only 15 were severe cases, and among these all or several members of the family were affected in six instances. Seven were treated in hospital. Six of the 15 were under 6 months.

Quite half of the remaining 107 cases were not really notifiable.

As there were no deaths the local mortality rate for the year is nil.

Ophthalmia Neonatorum. Twelve notifications were received, 4 from general practitioners, and 8 through the Royal Eye Infirmary.

Two babies were treated at home, and 10 had out-patient treatment at the Royal Eye Infirmary. Four cases occurred in the Alexandra Maternity Home, 1 in Freedom Fields Hospital, and 7 in the domiciliary midwifery service. The onset was within 4 days in 2 cases, about 7 days in 4 cases and between 10 to 20 days in 6 cases.

There was no change in our routine procedure in recent years of not using any prophylactic eye-drops or ointment on the district, and there was no impairment of vision.

Circular 2866—

Care of illegitimate children and moral welfare work.

At the end of May our very able moral welfare worker had to resign for reasons of health, and I wish to record here our deep appreciation of all the excellent work she accomplished during her ten years' service in Plymouth, and of her great devotion to duty. Pending the appointment of a successor the superintendent health visitor has been doing her utmost to keep the essentials going.

Dr. Barnardo's were once again most helpful with gifts of clothing, etc., and their grants totalling about £100 each month enabled many girls to keep their babies. We thank them for this help and also St. John's Ambulance for arranging escorts.

Putative fathers have been allotting approximately £100 per month towards maintenance, and this, plus £100 a month in grants from Dr. Barnardo's, is a considerable sum for this department to administer.

The following is a brief summary of the work done:—

Cases on hand from 1955		342
Cases reported in 1956	152	
Cases re-opened in 1956	22	
	——	174

Reported by :—

M. & C.W.	57	
General practitioners	19	
Social workers	45	
National Assistance Board	10	
Public officials	3	
City police	7	
Hospital almoner	7	
Themselves and others interested	26	
	174	

Cases dealt with :—

Unmarried mothers helped and advised	368	
Married women with illegitimate children helped and advised	148	
		516

Number of interviews	2127
Number of visits	161

Assistance given as follows:—

Taken to Homes:—

Dunmore	4	22
Rosemundy	7	
Woodside	3	
St. Nicholas'	2	
St. Raphael's	5	
St. Michael's	1	

Affiliation investigations	75
Affiliation orders obtained through the Court	4
Work found for	11
Put in touch with social workers in other towns	12
Holidays arranged	3
Helped and advised	13
Young girls in moral danger helped and advised	3
Kept in touch with correspondence	7
Christmas presents sent to girls in homes	10
Grants, etc., administered	116
Babies—adoptions	10
foster homes	6
residential nursery	5

Health Visiting. Our establishment is 20 health visitors and 5 T.B. visitors, but to do the work that ought to be done we need many more than 20 health visitors. We started the year with 16 and ended it with $17\frac{1}{11}$, a slight but welcome improvement. The average case load was 884, 41,093 home visits were paid and 2,942 clinic attendances made. Twelve courses on mothercraft were given at schools, 141 health talks at our Centres, and 12 to outside organisations.

Health visitors have continued to attend the paediatric outpatient clinic twice weekly, and the hospital premature baby follow-up clinic once a fortnight. Four health visitors were sent for a refresher course.

In January, as an experiment, one health visitor was seconded to work with problem families only. She was allowed the services of two home helps when required and a sum of money to expend at her discretion on household necessities. Her efforts have proved worthwhile in as much as several families have been kept together that otherwise would have broken up, with the children coming into the care of the local authority.

Summary of visits:—

Births	3611
1st year visits	9712
1st visits, 1–2 years	1445
Re-visits, 1–2 years	4727
1st visits, 2–5 years	1812
Re-visits, 2–5 years	10502
1st antenatal visits	365
Re-antenatal visits	162
Visits *re* infectious diseases	319
After-care, hospital cases	27
After-care, doctors' cases	29
Special visits (including visits to aged)	2282
Futile visits	6100
	41093

The 319 visits in connection with infectious diseases are made up as follows:—

Cerebro-spinal meningitis	55
Chicken-pox	1
Dysentery	2
Encephalitis influenza	2
Enteritis	179
Mumps	1
Ophthalmia neonatorum	10
Poliomyelitis	24
Pneumonia	1
Scabies	6
Scarlet fever	3
Whooping cough	35
	319

T.B. visitors. The 5 T.B. visitors paid 3,915 home visits and attended 932 clinics.

CHILD WELFARE CENTRES

	Beacon Park	*Beaumont Hut*	*Crownhill*	*Devonport Park*	*Efford*	*Ernesettle*	*Honicknowle*	*Laira*	*Peverell*	*St. Budeaux*	*Town Hall Stonehouse*	*Whitleigh Hall*	*Totals*
No. of sessions held ...	102	204	51	103	51	51	50	52	51	102	52	51	920
No. of babies entered on register	430 (295 1st)	925 (638 1st)	226 (132 1st)	527 (376 1st)	141 (92 1st)	125 (80 1st)	294 (182 1st)	111 (65 1st)	311 (169 1st)	427 (265 1st)	243 (161 1st)	189 (109 1st)	3949 (2564 1st)
No. of children entered on register	213 (15 1st)	402 (72 1st)	192 (43 1st)	177 (44 1st)	48 (3 1st)	84 (5 1st)	168 (11 1st)	64 (5 1st)	146 (17 1st)	208 (39 1st)	84 (9 1st)	190 (23 1st)	1976 (286 1st)
Total ...	643 (310 1st)	1327 (710 1st)	418 (175 1st)	704 (420 1st)	189 (95 1st)	209 (85 1st)	462 (193 1st)	175 (70 1st)	457 (186 1st)	635 (304 1st)	327 (170 1st)	379 (132 1st)	5925 (2850 1st)
No. remaining on register on 31.12.56:													
Babies	246	530	110	281	92	65	170	55	158	218	141	103	2169
Children	340	722	256	367	90	129	260	109	276	383	173	249	3354
Total ...	586	1252	366	648	182	194	430	164	434	601	314	352	5523
No. of babies weighed and mothers advised ...	3415	6982	1458	3850	1082	920	2015	959	2346	3333	1648	1082	29090
No. of children weighed and mothers advised...	939	1726	698	698	235	377	680	314	767	918	212	659	8223
Total ...	4354	8708	2156	4548	1317	1297	2695	1273	3113	4251	1860	1741	37313
Doctors' consultations ...	1027	2589	531	954	548	339	726	457	640	1293	495	521	10120
Average attendance per session	42.7	42.7	42.3	44.2	25.8	25.4	53.9	24.5	61.0	41.7	35.8	34.1	40.6
Diphtheria immunisation:													
No. of 1st attendances	118	271	101	105	46	67	111	38	—	148	55	—	1060
No. of re-attendances...	293	684	296	257	111	170	307	94	—	402	132	—	2746

Health talks given by:—(*a*) Superintendent Health Visitor ... 103
(*b*) Health Visitors 141

Attendances at clinics by:—(*a*) Health Visitors 2942
(*b*) S.R.N.s 1724

Child Welfare Centres. There has been no alteration in the number of sessions held each week.

Attendances went up a little, the increase being mainly in the 0–1-year group, where there was a 6.5% increase in attendances.

See table on page 38a for a summary of the work covered.

Welfare Food Service. The number of distribution points for the issue of welfare foods remained at seventeen throughout the year. Three of these still operate on a voluntary basis, and we would like to thank, once again, the members of the W.V.S. who staff one centre and the sub-postmasters of the other two, which are situated in the outlying districts of the city.

Summary of issues during the year:—

	National Dried Milk	*Cod Liver Oil*	*Vitamin A and D Tablets*	*Orange Juice*
	tins	*bottles*	*packets*	*bottles*
At Distribution Centres ...	179,135	23,583	10,703	184,341
To Hospitals and Institutions	2482	1343	—	3720
Total ...	181,617	24,926	10,703	188,061
Average monthly issues at Distribution Centres:—				
1955	14,717	2,164	864	13,849
1956	14,928	1,965	892	15,362

Defective Children. During the year, 46 children reached the age of 5 years with a defect, congenital or acquired, persisting.

Strabismus		12
Nystagmus		1
Myopia (severe)		1
Congenital cataract (blind in one eye)		1
Glaucoma of one eye		1
Loss of eye following injury		1
Mentally defective:		
at home	6	
in institutions	2	
epilepsy	2	
	—	10
Cerebral palsy		2
Petit mal		1
Mongol		2
Congenital heart		3
Fragilitas ossium		1
T.B.		1
Splenectomy		1
Achondroplasia		1
Congenital talipes, still wearing wedged shoes		3
Knock-knee, severe, still under treatment		1
Paresis of limb following polio		2
Deformity of finger following burn		1
		46

Observation Play Circle. Mrs. Hamley and her two assistants have given another year of voluntary service at this very useful play circle, and have helped many mothers to a better understanding of their own and their children's problems. We thank them very much for time and effort given.

Ultra-Violet Light Clinics. Two sessions are held each week at our Stonehouse and St. Budeaux centres, the attendances being as follows:—

	Stonehouse	*St. Budeaux*
No. of sessions	103	101
1st attendances	43	53
Transfers from 1955 ...	2	16
Re-attendances	685	1168
Average attendance ...	7.1	12.3

ANTENATAL CENTRES.

		Beacon Park	*Beaumont Hut*	*Crownhill*	*Devonport Park*	*Efford*	*Ernesettle*	*Honicknowle*	*Laira*	*St. Budeaux*	*Town Hall Stonehouse*	*Totals*
No. of sessions held ...		101	202	51	134	25	25.5	26	23.5	51	91	730
1st attendances	Pr.	90 } 230	269 } 572	30 } 93	118 } 303	20 } 56	5 } 34	13 } 74	8 } 29	48 } 132	90 } 232	691 } 1755
	M.	140	295	59	185	35	29	58	20	83	131	1035
	N.P.	—	8	4	—	1	—	3	1	1	11	29
Re-attendances		747	1694	318	911	242	141	359	104	565	876	5957
*Miscellaneous attendances	1st ...	1	106	3	—	2	1	3	7	2	—	125
	re- ...	—	3	1	—	—	—	—	—	—	—	4
Total attendances	1st ...	231	678	96	303	58	35	77	36	134	232	1880
	re- ...	747	1697	319	911	242	141	359	104	565	876	5961
Average attendance per session		9.7	11.8	8.1	9.1	12	6.9	16.8	6	13.7	12.2	10.7
Doctors' consultations ...		984	2375	409	1201	300	176	432	140	690	1103	7810
No. of transfers from 1955 and other clinics ...		36	85	17	110	22	12	16	4	29	40	371
Total No. of women attending during 1956	A.N. ...	266 } 267	657 } 763	110 } 113	413 } 413	78 } 80	46 } 47	90 } 93	33 } 40	161 } 163	272 } 272	2126 } 2251
	Misc. ...	1	106	3	—	2	1	3	7	2	—	125

* Mostly for blood only

Antenatal. The number of weekly antenatal sessions held remained at 14 throughout the year. There was an 8% increase in the total number of women attending, and the first attendances of multiparae went up by 100.

No. of expectant mothers who attended municipal antenatal clinics during the year	2251
Average attendance per session during the year ...	10.7
No. confined in 1956	1544*
No. aborted in 1956	24
No. of the above confined in Freedom Fields Hospital	299
No. confined at Flete Maternity Home	238
No. confined at Alexandra Maternity Home ...	413
No. confined municipal midwives	589
No. confined private midwife	1
No. confined Dunmore Home	1
No. confined Charlton Nursing Home	1
No. confined Tavistock Maternity Home ...	2
No. left Plymouth	107

* Includes 28 stillbirths.

Character of labour in 1,544 confinements:—

Spontaneous	1395
Instrumental	58
Caesarean	25
Induction	61
Bimanual	3
Not known	2

The following abnormalities were found in cases attending for the first time in 1956:

1. Contracted pelvis :—	
Minor	8
Major	2
2. Toxaemia	46
3. Syphilis	7
4. Cardiac diseases	8
5. Respiratory diseases	12
6. Anaemia, marked	14

Routine Wassermann and Kahn tests have been done at our antenatal clinics since April, 1943, with the following results:—

	No. done	*No. positive*
1943	825	5
1944	1,001	16
1945	774	7
1946	376	1
1947	1,109	9
1948	2,082	20
1949	1,840	21
1950	1,498	8
1951	1,035	22
1952	1,010	5
1953	1,085	7
1954	850	7
1955	795	7
1956	861	11

Routine Rh. testing has been done since 1948. Results are as follows:—

	No. done	*No. negative*
1948	1,996	321
1949	1,840	363
1950	1,495	344
1951	1,062	229
1952	1,022	199
1953	1,060	243
1954	845	171
1955	800	151
1956	871	181

Routine haemoglobin estimations; Number done—681.

Hb.	*No. done*	*Percentage*
100%	10	1.47
90%/100%	126	18.50
80%/ 90%	302	44.35
70%/ 80%	186	27.31
60%/ 70%	53	7.78
50%/ 60%	4	.59
	681	

Postnatal. Attendances at the postnatal clinic for midwives' cases were disappointingly poor. Appointments were sent out to 381 women, but only 106 attended, of whom 94 were found to require advice or treatment. There were 43 re-attendances.

The clinical findings included :—

Torn or deficient perineum	60
Cervical tears	31
Cervical erosions	44
Retroversion	21
Subinvolution	5
Rectocele	4

Flete Maternity Home

Plymouth mothers confined at Flete during 1956	253
Devon County mothers confined at Flete during 1956	162
	*415

---

* This is 42 more from Plymouth, 12 fewer from Devon County, and an overall increase of 30 on last year's admissions.

This maternity home also admitted 59 Plymouth mothers for the lying-in period after confinement in Freedom Fields Hospital and 6 after confinement in the Alexandra Maternity Home, also 20 Devon County mothers after confinement in Freedom Fields Hospital, 1 after confinement in the Alexandra Maternity Home and 1 after home confinement.

Mass Radiography of Expectant Mothers

1,167 expectant mothers were referred from our antenatal clinics for routine mass X-ray, but only 700 attended (59.98%).

Three expectant mothers were found to have active lesions requiring hospital treatment. Five had healed or quiescent lesions and were kept under observation as required.

Relaxation Classes

Throughout the year two classes were held at Crownhill Centre on Wednesday afternoons, two at Stonehouse Centre on Monday afternoons, and two on Tuesday mornings, and from the 9th November onwards two classes at Honicknowle Centre on Friday afternoons. Midwives attended and gave 48 talks and demonstrations in the use of Gas and Air for analgesia during labour, and health visitors gave talks on mothercraft when possible.

Attendances were as follows:—

	Crownhill	*Honicknowle*	*Stonehouse*
No. of sessions ...	50	8	97
First attendances	134	22	220
Re-attendances ...	1032	79	2,244
Average attendance	23.3	12.6	25.4

Supervision of Midwives

Number notifying their intention to practise ... 84
Number practising in the area at 31.12.56 ... 62

	As Midwife	*As Maternity Nurse*
Municipal (including non-medical supervisor of midwives and tutor)	34	—
In private practice	6	1
Alexandra Maternity Home ...	17	—
Freedom Fields Hospital	25	—
Charlton Nursing Home	1	—
	83	1

There was little change in the number of cases attended by midwives in private practice. One had 36 cases, three had one each and three none at all. At one confinement a doctor but no midwife was present. Approximately 75.7% of confinements (district and institutional) were conducted by midwives only.

Other notifications received under the C.M.B. rules were:—

Notification of artificial feeding	425
Notification of stillbirth	22
Notification of death	3
Notification of having laid out a dead body	15
Notification of liability to be a source of infection	27

Medical aid was sought by midwives in 480 cases for the following reasons:—

(*i*) *For mother during pregnancy*		
Toxaemia	3	
A.P.H.	5	
Hypertension	2	
Miscarriage	5	
Threatened abortion	4	
Abdominal pain	1	
Transverse lie	2	
Postmaturity	1	
Pyelitis	3	
Backache	1	
Disproportion	2	
	—	29
(*ii*) *For mother during labour*		
Uterine inertia	2	
Ruptured perineum	178	
Prolonged labour	56	
Malpresentation	7	
Adherent placenta	5	
Episiotomy	4	
Foetal or maternal distress	23	
Premature labour	15	
Vaginal laceration	1	
Prolapsed cord	2	
Eclamptic fit	2	
Albuminuria	1	
Obstructed labour	4	
Retained membrane	2	
Multiple birth	1	
Bronchitis	1	
	—	304
(*iii*) *For mother during puerperium*		
P.P.H.	45	
Raised temperature	30	
Varicose veins	7	
Mastitis	7	
Difficulties in feeding	3	
Phlebitis	2	
General condition poor	11	
Earache	1	
	—	106

(*iv*) *For infant*

Rash	1	
Discharging eyes	13	
Unsatisfactory condition	14	
Nasal obstruction	1	
Cyanosis	2	
Asphyxia	4	
Malformation	2	
Burn of left foot	1	
Thrush	2	
Spina bifida	1	
		41
		480

Notification of artificial feeding

Notifications of artificial feeding were received in respect of 22.4% of domiciliary live births attended by municipal midwives. Approximately 24% of babies leaving the Alexandra Maternity Home were fully or partially artificially fed, and from Freedom Fields Hospital, excluding premature babies, 28%.

Municipal Midwifery Service.

About the middle of May a second premature baby midwife was appointed, and in September a midwifery tutor. The service as a whole ran smoothly throughout the year. Twenty-five pupils were enrolled for training, one left to be married, and twenty-four completed the training course and successfully passed the part II examination of the Central Midwives' Board.

The total number of confinements attended was 1,862, of which 4%, 70 with doctor booked and 5 without doctor booked, were instrumental deliveries.

The stillbirth rate in the municipal service was 11.2 per 1,000 related births, and for all domiciliary births, 11.5.

The following is a summary of the work done throughout the year:—

MUNICIPAL MIDWIVES

Number of cases attended:

(*a*) Doctor *not booked* but present at delivery	17	
(*b*) Doctor *not booked* and not present at delivery	316	
(*c*) Doctor *booked* and present at delivery	326	
(*d*) Doctor *booked* but not present at delivery	1203	
		1862

Number of cases booked	2190

Number of gas and air and trilene administrations:

	Trilene	Gas and Air	
(*a*) Doctor present at delivery ...	34	216	
(*b*) Doctor not present at delivery	53	1179	
	87	1395	
			1482

Number of instrumental deliveries:

(*a*) Doctor not booked	5	
(*b*) Doctor booked	70	
		75

Number of emergency deliveries	6
Number of booked miscarriages	11
Number of patients transferred to hospital for confinement	12
Number of patients transferred to hospital after confinement	5
Number of antenatal visits paid	16099
Number of antenatal clinic visits paid	765

Number of babies who were:

(*a*) entirely breast fed during first two weeks	1427	
(*b*) partly breast fed during first two weeks	70	
(*c*) artificially fed during first two weeks	355	
		1852

Number of notifiable puerperal pyrexia cases	12
Number of accouchement sets issued during the year at Welfare Centres	1842

Fees paid to Doctors. £351. 15s. 6d. was paid by the local authority for 111 doctors' accounts submitted under section 14 of the Midwives' Act, 1951. This was £68 less than the total amount paid in the previous year.

Maternity and Nursing Homes. The Charlton Nursing Home closed down on the 8th October. There were no applications for registration, and at the end of the year we were left with three nursing homes for chronics and one mother-and-baby home. Visits of inspection were paid to all these homes during the year.

Maternal Mortality. With only one death belonging to Plymouth the maternal mortality rate, 0.27, is the lowest yet recorded and about half that for England and Wales, which is also the lowest recorded.

MATERNAL MORTALITY

Year	ENGLAND AND WALES		PLYMOUTH	
	Per 1,000 *total births*		*Per* 1,000 *total births*	
	Including abortions	*Excluding abortions*	*Including abortions*	*Excluding abortions*
1942	2.17	1.01	3.44	3.09
1943	2.29	1.84	3.6	2.7
1944	1.93	1.53	2.79	2.24
1945	1.79	1.44	4.32	3.56
1946	1.43	1.24	1.36	1.36
1947	1.17	1.01	0.65	0.65
1948	1.02	0.86	0.48	0.48
1949	0.98	0.82	1.29	0.48
1950	0.86	0.72	0.55	0.55
1951	0.79	0.65	0.54	0.54
1952	0.72	0.59	0.84	0.56
1953	0.76	0.65	1.61	1.07
1954	0.70	0.59	1.09	0.81
1955	0.56	—	0.83	0.83
1956	0.56	—	0.27	0.27

Puerperal Pyrexia. Seventeen notifications were received, all belonging to Plymouth, making the rate for the year 4.7, the lowest yet recorded.

There was a marked decrease in the number of notifications coming from the hospital unit, suggesting that some cases may not have been notified.

Total notifications belonging to Plymouth: 17.

PLACE OF CONFINEMENT:

Own home	12
Freedom Fields Hospital	2
Alexandra Maternity Home	2
Flete Maternity Home	1
	17

WHERE TREATED:

Own home	13
Freedom Fields Hospital	2
Alexandra Maternity Home	2
	17

CAUSES OF PYREXIA:

Sepsis (Pr. 4, M. 3)	7
Mastitis	2
Urinary tract infection	2
Resp. tract infection	2
Tonsillitis	1
Influenza	1
Unknown	2
	17

Mothers' Advice Centres. The Hon. Secretary reports another year of steady progress in the work done at their clinics, held at our Beaumont and St. Budeaux centres.

Attendances were as follows:—

	Beaumont Centre	*St. Budeaux Centre*
No. of clinics held	72	22
New cases (sent by Local Authority, 58)	719	148
Return visits (postal, 701) ...	2441	458
Seen by doctor (new cases) ...	719	148
(re-visits) ...	208	106

Day Nursery. The matron is to be complimented on her efficient and economical running of the Nursery. The children are always happy and those who attend for any length of time improve surprisingly in physique and general well-being.

The Christmas party was delightfully arranged and much enjoyed by the children, parents and visitors.

There were 32 children on the register at the beginning of the year and 28 at the end of the year.

	0–2 years	*2–5 years*
No. of children admitted during the year	12	29
No. of children discharged during the year	10	35
Average daily attendance during the year (excluding Saturday mornings)	5	22
No. of children on register at end of year	3	25

Sanitary Circumstances of the Area.

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR, MR. C. E. SANDERSON

WATER SUPPLY

Average Consumption. The average daily consumption of water during the year was 13.7 million gallons, although the waste of water occasioned by frost and thaw during February and March caused this consumption to exceed 15 million gallons daily for a period of four consecutive weeks.

Restrictions. The wet summer created no water supply problem after July. Until this month, however, general indications had been that a water shortage would occur and water was abstracted from the Sheepstor Brook and compensation water to the River Meavy stopped from April 6th to August 23rd, by which time the effective shortage at Burrator had improved to 750 million gallons.

Bacteriological Examination. With a view to maintaining the purity of the supply, samples of water are taken fortnightly and submitted to bacteriological examination. During 1956, 191 samples of water were examined with the following results:—

Source	*Total No. of Samples*	*B. Coli present in* 100 *ml.*	*B. Coli absent in* 100 *ml.*
From City Mains ...	181	31 (24 non-faecal)	150
From Wells and Springs	10	5 (all non-faecal)	5
GRAND TOTALS ...	191	36 (29 non-faecal)	155

Sterilisation. The main water supply at Burrator was treated with an average dose of 1.0 part per million of chlorine gas and 0.05 part per million of ammonia. In addition, an average dose of 0.4 part per million of chlorine gas was injected at Crownhill.

The Yelverton supply was treated with 1.0 part per million of chlorine gas.

Chemical Analysis. Eight samples of water were submitted for chemical analysis. The following table gives a summary of the results of these, the figures representing parts per million:—

CHEMICAL ANALYSIS OF WATER DURING 1956
(parts per million)

	January	*April*	*August*
Temporary Hardness ...	5.0	6.0	7.0
Permanent Hardness ...	16.0	18.0	16.0
Total Hardness	21.0	24.0	23.0
Chlorine as Chlorides ...	11.0	13.0	11.0
Ammonia, saline	0.012	Nil	0.044
Ammonia, albuminoid ...	0.048	0.044	0.110
Nitrates as nitrogen ...	Nil	Nil	Nil
Nitrites as nitrogen ...	Nil	Nil	Nil
Oxygen (absorbed 4 hrs. at 27° C.)	1.9	0.70	2.05
Metals (zinc, copper and lead)	Nil	Nil	Nil
pH value	7.0	6.9	7.1

Plumbo-solvency. An average of 6 cwts. of lime per day were added to the water at Burrator to reduce the tendency to plumbo-solvency.

River Tavy Scheme. The construction of the dam and the pumping station at Lopwell has now been completed, and at the time of the preparation of this report, work has commenced on a two year contract for the construction of rapid gravity filters, a relay-pumping station, a turbo-generator, chemical stores and tanks workshops, offices and covered reservoirs.

I am indebted to the Water Engineer for part of the foregoing information.

SWIMMING POOLS.

Routine visits of inspection as well as visits for the purpose of taking samples for bacteriological examination were made to the swimming pools in the City.

RESULTS OF BACTERIOLOGICAL EXAMINATION OF SAMPLES OF WATER OBTAINED FROM BATHING POOLS IN THE CITY DURING 1956.

Source	*Total No. Samples*	*B. Coli present in 100ml.*	*B. Coli absent in 100 ml.*
Tinside Bathing Pool	11	6 (faecal)	5
Mount Wise Ladies' Bathing Pool	11	1 (non-faecal)	10
Mount Wise Men's Bathing Pool	11	2 (1 non-faecal)	9
Mount Wise Infants' Paddling Pool (fresh water)	9	3 (faecal)	6
Mount Wise Infants' Paddling Pool (sea water)	9	3 (faecal)	6
Plymouth College Bathing Pool	4	3 (faecal)	1
Munday House	5	4 (faecal)	1
Glenholt Camp	4	Nil	4
Central Park Paddling Pools	6	3 (1 non-faecal)	3
Devonport Park Paddling Pool	4	1 (non-faecal)	3
GRAND TOTALS	74	26 (4 non-faecal)	48

SEWERAGE AND SEWAGE DISPOSAL

The Eggbuckland Valley Sewerage Scheme and the new Joint Plymouth/Plympton Sewage Disposal Works at Marsh Mills, which were reported as being in progress last year, have now been completed.

The "Valley Sewer" was completed on the 21st December, 1956, and the flow diverted to the new Joint Sewage Disposal Works on that date. The obsolete and heavily overloaded sewage tanks at Eggbuckland, constructed in 1902, have been abandoned and will now be demolished: consequently, the discharge of a rather unsatisfactory effluent to the River Plym has ceased.

The area of the City which will eventually be served by this "Valley Sewer" can best be described as that bounded on the south by Higher Compton Road and Efford Lane, on the west by Tavistock Road (from its junction with Tor Lane to Derriford), and on the east and north by the City boundaries.

The approximate cost of the "Valley Sewer" was £44,000 and that of the Joint Sewage Disposal Works, £140,000.

I am indebted to the City Engineer for this information.

SANITARY INSPECTION OF THE AREA

The number of complaints of housing defects and nuisances received and given attention by the Health Department during the year was 1,830, an increase on the previous year, when the number received was 1,611.

Prosections. Owing to their failure to comply with Abatement Notices, it was necessary to arrange for the service of summonses on the owners of thirteen properties. In 8 of these cases, the works were completed before the Court hearing. In the other 5 cases, Nuisance Orders were made by the Court.

One of the Nuisance Orders was not complied with within the time specified, and the case was referred back to the Magistrates, who inflicted a fine of two pounds upon the owner.

PREMISES INSPECTED. The following table shows the number of inspections of various premises carried out during the year, together with the number of Notices served.

Premises Inspected	Inspections or Visits	Intimation Notices served or Improvements required	Intimation Notices complied with or Improvements effected	Statutory Notices served during the year	Statutory Notices complied with during the year
Houses inspected (Public Health and Housing Acts) ...	3,846	1,298	—	—	—
Houses reinspected (Public Health and Housing Acts)	7,291	—	1,326	351	301
No. of premises (other than houses) inspected ...	478	111	91	6	5
No. of owners or contractors interviewed	877	—	—	—	—
No. of houses visited *re* contacts of infectious diseases	4	—	—	—	—
No. of houses visited *re* notifiable diseases	85[illegible]	—	—	—	—
No. of houses visited *re* other diseases	3	—	—	—	—
Visits regarding Food Poisoning	58	—	—	—	—
Bakehouses	135	12	12	—	—
Butchers	5[illegible]	73	65	—	—
Cinemas and Amusement Places	16	1	1	—	—
Common Lodging Houses	[illegible]	2	2	—	—
Dairies and Milk shops	5[illegible]	5	4	—	—
Fresh Fish Shops	[illegible]	6	5	—	—
Fresh Fish Carts	131	2	2	—	—
Fried Fish and Chip Shops	196	[illegible]	31	—	—
Food Vehicles	225	12	12	—	—
Ice Cream Premises	1[illegible]0	1	1	—	—
Knackers Yards	2	1	1	—	—
Markets	15	—	—	—	—
Milk Vehicles	55	—	—	—	—
Offensive Trades	2	—	—	—	—
Premises to examine foodstuffs	974	—	—	—	—
Provision Shops	297	56	54	—	—
Number of shops visited regarding Merchandise Marks Act	329	41	41	—	—
Public Conveniences	350	68	67	—	—
Public Houses	24	2	2	—	—
Restaurants and other food preparation premises ...	754	77	76	4	3
Schools	44	12	11	—	—
Shops (under Shops Act)	98	5	4	1	1
Slaughterhouses	91	—	—	—	—
Smoke observations	102	4	3	—	—
Swimming baths	93	—	—	—	—
Tents, Vans, Sheds, etc.	206	8	9	—	—
Houses inspected for infestation by rats or mice ...	719	626	—	—	—
Houses reinspected for infestation by rats or mice ...	1,164	—	611	—	—
Premises other than houses inspected for infestation by rats or mice	188	146	—	—	—
Premises other than houses reinspected for infestation by rats or mice	270	—	140	—	—
Rent investigations	32		See table on	page 60	
Miscellaneous	2 026	—	—	—	—
Water Courses	33	—	—	—	—

Moveable Dwellings. On the outskirts of the City there is a caravan site, described as a holiday camp and licensed to accommodate 100 caravans and 75 chalets. Since the original licence was issued, it has been found that some of the caravans are occupied as permanent housing accommodation and upon the owners applying for an extension of the licence in order that an additional 100 caravans could be accommodated, the Local Authority refused the application. Subject to certain conditions, there might have been little objection to additional caravans being placed on the land for holiday purposes, but the Council felt unable to authorise the use of such caravans for permanent housing accommodation.

In September, the owners of the site appealed to the Magistrates, who allowed the appeal.

From time to time, it is found that certain of these caravans and chalets become overcrowded and there are many examples of young children being brought up in very restricted accommodation and under other unsuitable conditions, and the appropriate Committees will have to consider the best method of dealing with unsatisfactory conditions which arise in caravan dwellings.

The issue of a summons on the owner-occupier of a caravan also became necessary in respect of the stationing of the caravan on land without a licence having been granted by the local authority. On an undertaking being given to the Magistrates that the caravan would be removed within two months, the case was adjourned for that period of time and as this undertaking was fulfilled, no further action was needed.

Premises Inspected. The table on page 53a shows the number of inspections of various premises carried out during the year, together with details of the number of notices served and complied with.

The shortage of Public Health Inspectors continues to cause difficulty in the sanitary administration. At one time, there were 9 vacancies in an establishment of 20 on the staff. Two of these vacancies are at present being filled by two pupils.

Factories. Details of the sanitary inspection of factories under the Factories Act, 1937, are given in the following tables :—

1. Inspections :—

	Number of		
	Inspections	*Written Notices*	*Occupiers prosecuted*
Factories with mechanical power	191	24	—
Factories without mechanical power	14	2	—
Other Premises	22	1	—

2. Defects found :—

	Number of defects			No. of defects in respect of which prosecutions were instituted
	Found	*Remedied*	*Referred to H.M. Inspector*	
Want of cleanliness ...	1	1	–	–
Overcrowding	–	–	–	–
Unreasonable temperature	1	1	–	–
Inadequate ventilation ...	–	–	–	–
Ineffective drainage of floors	–	–	–	–
Sanitary Conveniences—				
insufficient	2	2	–	–
unsuitable or defective ...	23	20	–	–
not separate for sexes ...	–	–	–	–
Other offences	–	–	–	–

Rodent Control. During the year 907 reports of rats or mice infestation were given attention and these entailed 2,341 inspections by members of the staff of the Health Department. These visits revealed that 626 dwelling houses and 146 premises, other than houses were infested by either rats or mice, of the former 44% being infested with rats and 56% by mice, and of the latter, 53% by rats and 47% by mice.

By the end of the year, successful treatments had been effected in respect of 611 dwelling houses and 140 other premises.

In only a very few instances were the infestations of a major character and in all cases ready co-operation was received from the occupiers of the properties concerned.

Treatment of sewers.—Two campaigns were carried out during the year, each of approximately four weeks duration.

For the purpose of these campaigns the city was divided into areas so that records of the results could be kept and the increase or decrease of the infestation of any area watched.

Part of the period was given up to "test baiting", the results of which showed the areas where infestation persisted and the success obtained in areas where poison baits had previously been laid.

During the year, 1,365 sewer manholes were baited and over 800 poison baits taken, which must have resulted in the destruction of a large number of the rat population.

For the information relating to the treatment of sewers in respect of rodent infestation, I am indebted to the City Engineer.

Rag Flock. Five samples of filling materials were taken for analysis during the year under the Rag Flock and Other Filling Materials Act, 1951, of which two consisted of rag flock, one of woollen mixture, one of cotton felt and one of coir fibre. All these samples were satisfactory.

Disinfestation. The number of disinfestations of furniture by means of hydrogen cyanide carried out in 1956 was 38, of which 31 related to the effects of families moving into Council dwellings.

In addition, 321 premises were treated in respect of vermin infestation, by means of spraying with insecticide.

In connection with this work, I would like to acknowledge the help given to me by Mr. C. V. Adams, Keeper of Natural History at the City Museum, in identifying the lesser known pests with which the Department has had to deal.

HOUSING

1. Inspection of Dwelling-Houses During the Year:—

(1) (*a*) Total number of dwelling-houses inspected for defects (under Public Health and Housing Acts) 3,846

(*b*) Number of inspections made for the purpose 11,137

(2) (*a*) Number of dwelling-houses (included in sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 ... 157*

(*b*) Number of inspections made for the purpose 612

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 128*

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 1,327

* These numbers include 77 houses situated in Clearance Areas and 14 houses dealt with under the Declaration of Unfitness Regulations.

2. Remedy of Defects During the Year Without Service of Formal Notices:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers 1,025

3. Action under Statutory Powers During the Year:—

(*a*) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs 29

(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—

(*a*) By owners 35

(*b*) By Local Authority in default of owners 2

(*b*) Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 351

(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—

(*a*) By owners 301

(*b*) By Local Authority in default of owners ... ,... —

(*c*) Proceedings under Sections 11 and 13 of the Housing Act, 1936, and Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953:—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	14
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	20
(3) Number of Undertakings not to use unfit houses accepted	2
(4) Number of dwelling-houses in respect of which Closing Orders were made	6
(5) Number of dwelling-houses in respect of which Closing Orders were determined	1

(*d*) Proceedings under Section 12 of the Housing Act, 1936:—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	16
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or rooms having been rendered fit	1

4. HOUSING ACT, 1936. PART IV—OVERCROWDING:—

(*a*)	(1) Number of dwellings overcrowded at the end of the year	337
	(2) Number of families dwelling therein	487
	(3) Number of persons dwelling therein	2,309
(*b*)	Number of new cases of overcrowding during the year ...	84
(*c*)	(1) Number of cases of overcrowding relieved during the year	54
	(2) Number of persons concerned in such cases	240

In one case where an owner had been served with a repair notice under Section 9 of the Housing Act, 1936, an appeal was made by the owner against the requirements of the notice. This appeal, however, was subsequently withdrawn and the works effected in accordance with the notice.

CLEARANCE AREAS

The demolition and clearance of the worst houses in the City continues, and I have included in the report two photographs showing the progress of the clearance of the Stonehouse area from which 253 families are being removed from 169 unfit houses. Their re-housing is almost completed.

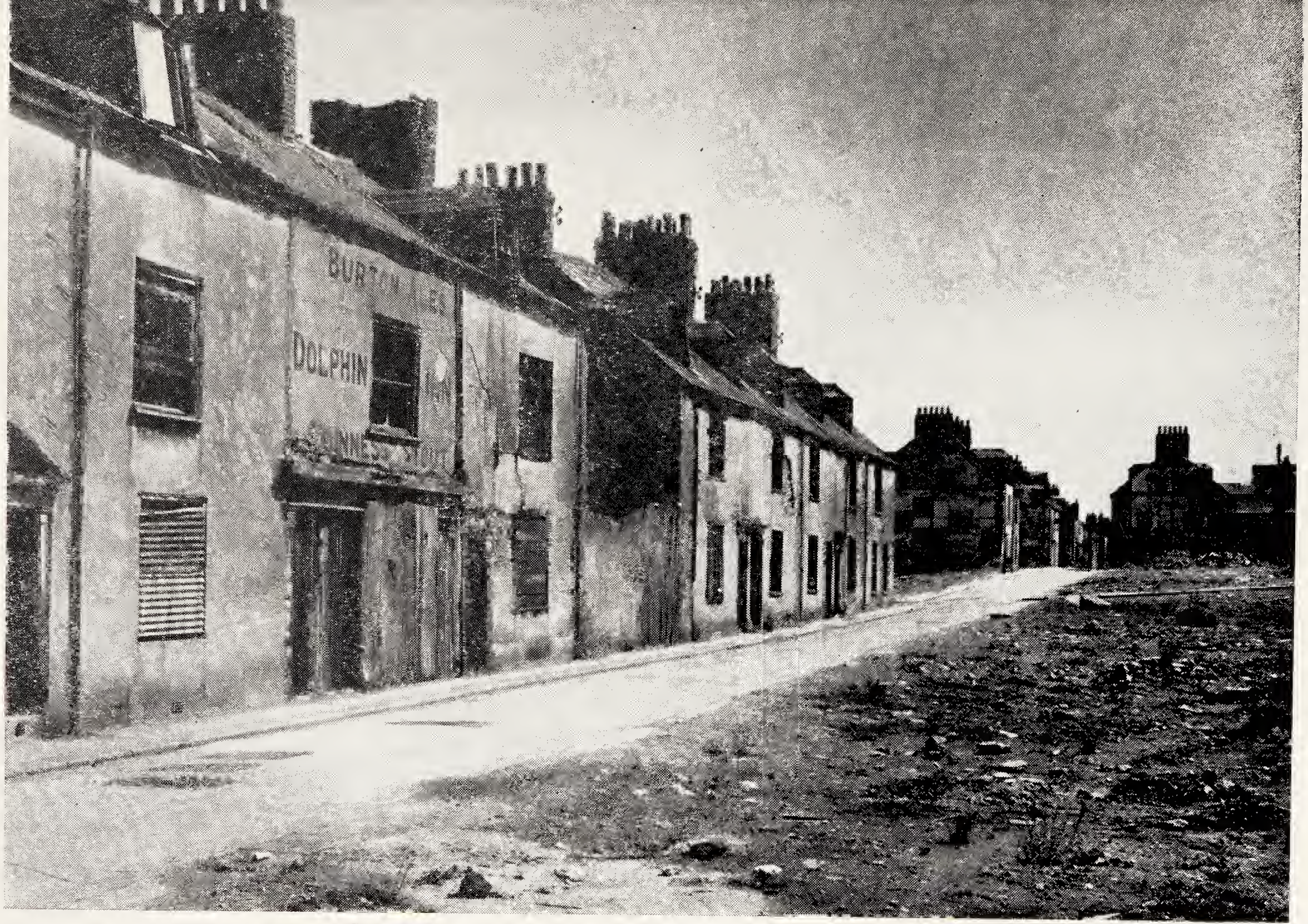
The two photographs show typical examples of old and worn out houses, the narrow streets and the extent to which some of the properties have been cleared.

A more pleasing picture is the one showing the newly occupied four storey flats on the site of the Pembroke Street Clearance Areas from which 113 families were removed from 75 unfit houses.

The re-development of such areas also requires the removal of families from some houses not classified as unfit but the sites of which are required to secure an area of suitable shape and size. Although not described as unfit, the majority of these houses are approaching that state, and it should not be thought that because they are not coloured pink on the plan as unfit houses are, they are good houses being demolished. They are usually not so far defective as to warrant purchase at site value.

It should also be borne in mind that the representation of unfit houses in clearance areas usually necessitates the inspection of a much larger number of houses than are actually represented, e.g. inspection of a hundred houses may reveal only 50 which are so far defective as to warrant condemning. Moreover, it requires no special skill to condemn a house which is almost falling down and obviously unfit to live in, but where an area is to be acquired, considerable time and thought has to be given by experienced inspectors to houses not obviously unfit but which are so inherently defective as to render them unworthy of further expenditure and to warrant their acquisition at site value only.

As a result of housing inspections carried out during the year in Zion Street and Hoe Street, Eggbuckland, Ordnance Street, Devonport, Clarence Street and the Barbican areas, 187 houses have been represented as unfit and included in 25 Clearance Areas. These 187 unfit houses, subject to confirmation of the Orders, will require the displacement of 285 families in addition to those families who may have to be displaced in order to enable re-development to take place.



Clearance of unfit houses in Stonehouse district

CONFIRMATION OF ORDERS

The following orders were confirmed by the Minister of Housing and Local Government during the year:

COMPULSORY PURCHASE ORDERS

Name of order	*No. of unfit houses*	*No. of families therein*	*Date confirmed*
Ker Street, Devonport, No. 4, 1954 ...	2	7	31.1.56
Ker Street, Devonport, No. 5, 1954. ...	14	38	31.1.56
Stonehouse (North, Extension No. 3), 1955	9	25	8.2.56
Duke Street, Devonport, No. 1, 1954 ...	3	6	10.2.56
Duke Street, Devonport, No. 2, 1954 ...	4	6	10.2.56
Duke Street, Devonport, No. 3, 1954 ...	13	22	10.2.56
Duncan Street, Devonport, 1954 ...	3	3	10.2.56
Ker Street, Devonport, No. 3, 1954 ...	4	7	10.2.56
James Street, Devonport, 1954 ...	5	6	10.2.56
Monument Street, Devonport, No. 1, 1954	4	11	10.2.56
Monument Street, Devonport, No. 2, 1954	10	20	10.2.56
St. John Street, Devonport, No. 1, 1954	4	6	10.2.56
St. John Street, Devonport, No. 2, 1954	6	13	10.2.56
St. John Street, Devonport, No. 3, 1954	3	3	10.2.56
St. John Street, Devonport, No. 4, 1954	4	5	10.2.56
Union Street/High Street, 1955 ...	40	73	14.9.56
King Street/Flora Cotts, 1955	45	76	14.9.56
Lambhay Street/Castle Street, 1955 ...	37	61	24.9.56
TOTALS	210	388	—

CLEARANCE ORDERS

Name of order	*No. of unfit houses*	*No. of families therein*	*Date confirmed*
Priory Road, 1956	4	2	19.7.56
Claremont Street, 1956	2	1	19.7.56
TOTALS	6	3	—

UNFITNESS ORDERS

Name of order	*No. of unfit houses*	*No. of families therein*	*Date confirmed*
City of Plymouth (Devonport) No. 2, 1955	4	5	30.6.56
City of Plymouth (City Centre), No. 6, 1955	10	18	30.6.56
TOTALS	14	23	—

Well-Maintained payments

The Minister directed that well-maintained payments be made in 11 cases, and these were negotiated and settled with the owners in the total sum of £929. 13s. 7d.

Contravention of Clearance Order

Summary proceedings had to be taken in connection with the re-letting of two properties after a Clearance Order had become operative.

The two houses were in the same ownership. The magistrates inflicted fines totalling £60. 0s. 0d.

Certificates of Disrepair. Only five applications for Certificates of Disrepair under the provisions of the Housing Repairs and Rents Act, 1954, were received during the year, and Certificates were granted in all cases.

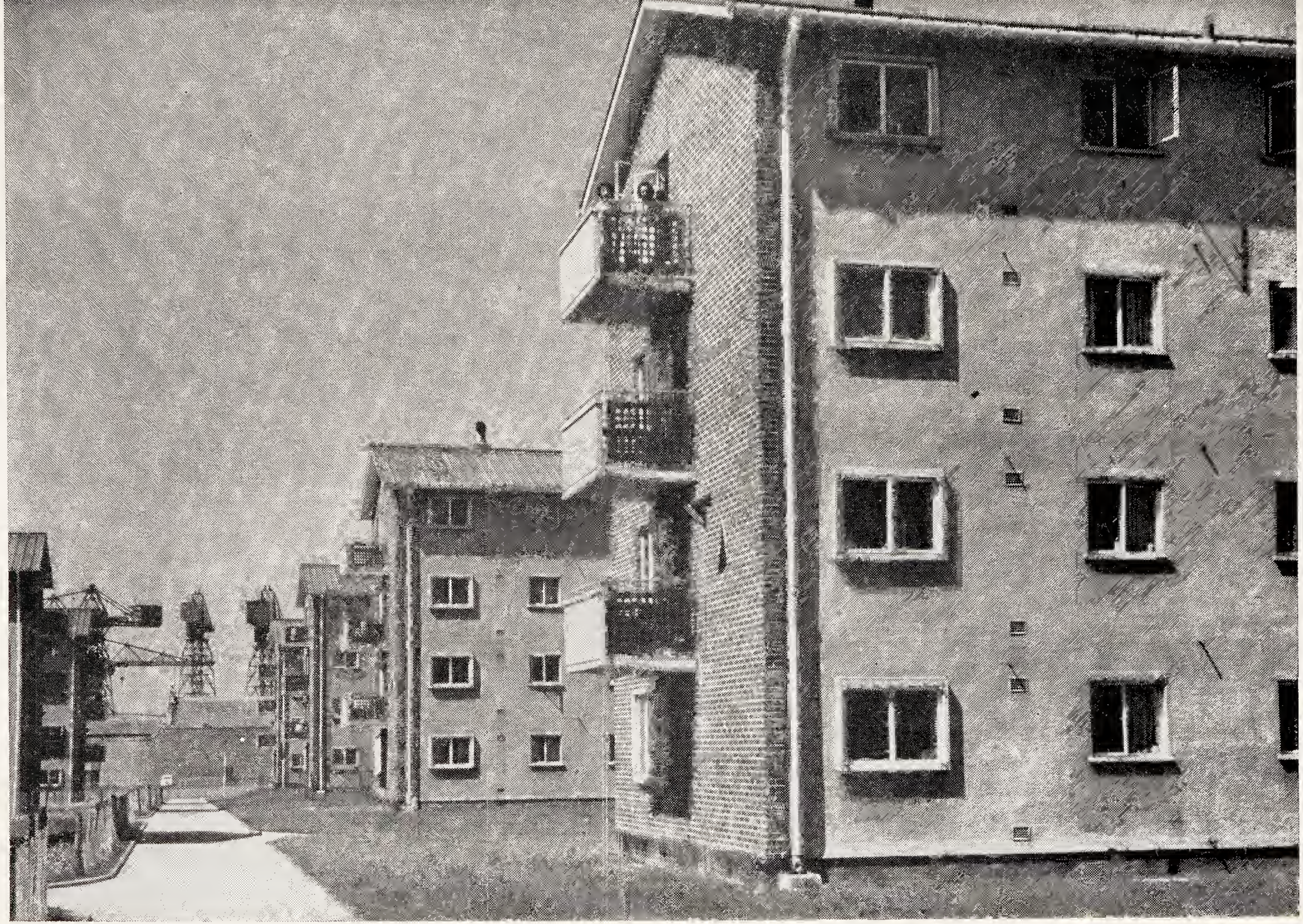
One of the Certificates was subsequently revoked by the local authority, the owner of the premises having carried out the works necessary to bring the house into a state of good repair and reasonably suitable for occupation in accordance with the Housing Repairs and Rents Act, 1954.

Furnished Houses (Rent Control) Act, 1946. The number of cases which came to the notice of the Department in which it was felt that the rentals being charged for furnished accommodation were excessive was less than in previous years, and only 11 such cases were referred to the Rent Tribunal for this area. In six instances, the references were subsequently withdrawn, owing to changes in circumstances, the ownerships or tenancies having altered or the premises having been vacated: in two other cases, the references were dismissed by the Tribunal as at the times when the cases were heard the rooms had become vacant.

Details of the remaining cases and of a reference made at the end of 1955, but not heard by the Rent Tribunal until early this year, are as follows:—

No. of rooms in tenancy	*Rent charged (weekly)*	*Rent fixed by Tribunal (weekly)*	*Amount of reduction (weekly)*
	£ s. d.	£ s. d.	£ s. d.
*1	1 10 0	17 6	12 6
1	1 5 0	12 6	12 6
2 and scullery	2 0 0	1 7 6	12 6
4	3 13 6	2 12 6	1 1 0

* Includes cost of gas and electricity



Re-development of sites of Clearance Areas in Pembroke Street, Devonport

Bacteriological Examination of Milk.

537 samples of milk were taken for bacteriological examination. Of these 533 gave satisfactory results but the remaining 4 failed the test. All persons concerned in the production, treatment and distribution of the milk giving unsatisfactory results were advised on the need for greater care in their dealings with the milk in order to ensure a satisfactory standard of cleanliness. Subsequent samples revealed that the necessary improvements had been achieved.

The following table shows the number of samples of various descriptions of milk submitted to the Methylene Blue Tests and the results:—

METHYLENE BLUE TEST

Description of Milk	*Total No. of Samples*	*Satisfactory*	*Unsatisfactory*
Tuberculin Tested (Farm Bottled)	12	11	1
Tuberculin Tested	10	10	Nil
Pasteurised	465	462	3
Tuberculin Tested (Pasteurised)	50	50	Nil
Totals	537	533	4

Phosphatase Test.

A total of 517 samples of milk (467 Pasteurised) and 50 Tuberculin Tested (Pasteurised)) were obtained and submitted to the Phosphatase Test for checking the efficiency of the pasteurising process. All the samples were found to be satisfactory.

Turbidity Test.

36 samples of Sterilised Milk were submitted to the Turbidity Test and all were found to be satisfactory.

Examination of Milk for Tubercle Bacilli. 102 samples of milk (76 from ordinary herds, 26 from Tuberculin Tested herds) were examined biologically for the presence of Tubercle Bacilli. All the samples were returned negative.

Licences under the Milk (Special Designations) Orders, 1949. The following table shows the number of licences to use the various designations applied to milk issued during the year :—

Description of Licence	*No. Issued*
Pasteuriser's Licence (High Temperature Short Time Process)	3
Dealer's "Tuberculin Tested" Licence	35
Dealer's "Pasteurised" Licence	128
Steriliser's Licence	1
Dealer's "Sterilised" Licence	282
TOTAL	449

Chemical Analysis of Milk. 6 samples of raw milk, 53 of pasteurised milk and 4 samples of sterilised milk were obtained for analysis. All these samples were returned as genuine.

Ice Cream. The number of applications for registration of premises for the sale of prepacked ice-cream was 32.

Chemical Analysis of Ice Cream. During the year, 9 samples of ice-cream were submitted to chemical analysis. All the samples complied with the standard laid down in the Food Standards (Ice Cream) Order, 1953.

The results of these samples are given in the following table:—

TABLE OF CHEMICAL QUALITY OF ICE CREAM.

Sample No.	*Total Fat* %	*Sample No.*	*Butter Fat* %	*Sample No.*	*Non-Fatty Milk Solids* %	*Sample No.*	*Sugar* %	*Sample No.*	*Total Non-Fatty Solids* %
3	12.5	3	3.5	3	13.5	3	17.3	3	36.8
8	11.1	8	3.5	4	13.0	8	16.4	8	31.8
2	9.8	2	3.0	8	11.5	6	15.5	4	28.8
7	8.5	6	2.5	9	8.6	1	15.2	2	27.4
6	6.8	1	2.5	2	8.5	2	14.2	6	26.3
1	6.6	9	1.5	6	8.5	7	13.0	1	25.6
4	6.3	4	1.0	1	8.2	4	12.5	7	22.65
5	5.2	7	0.7	5	7.8	5	12.5	9	22.6
9	5.2	5	0.5	7	7.6	9	11.1	5	21.6
Average	8.0		2.08		9.69		14.19		27.06

Bacteriological Examination of Samples of Ice Cream.

During the year 112 samples of Ice Cream were submitted to the Methylene Blue Test prescribed by the Ministry of Health. The table below gives the results of these tests:—

Grade		*Hot Mix*	*Cold Mix*	*Totals*
Grade 1.	Time taken to reduce methylene blue—4½ hours or more	76	10	86
Grade 2.	Time taken to reduce methylene blue—2½ to 4 hours	4	1	5
Grade 3.	Time taken to reduce methylene blue—½ to 2 hours	14	2	16
Grade 4.	Time taken to reduce methylene blue—0 hours	5	–	5
TOTALS		99	13	112

Of the 99 samples of "Hot Mix", 37 were "pre-packed", of which 33 were placed in Grade 1, 1 in grade 2, 1 in grade 3, and 2 in grade 4.

Of the 12 samples of "Cold Mix", 1 was pre-packed and placed in Grade 1.

FOOD AND DRUGS

Adulteration. The various samples of food and drugs submitted for analysis during the year are classified in the following table, together with the number of the various articles which were found to be adulterated:—

	Official Samples		*Informal Samples*		*Total Number*
	Genuine	*Adulterated*	*Genuine*	*Adulterated*	
Aspirin Tablets ...	–	–	4	–	4
Butter	–	–	9	–	9
Boracic Ointment ...	–	–	4	–	4
Coffee	–	–	3	–	3
Cocoa	–	–	4	–	4
Camphorated Oil ...	–	–	4	–	4
Castor Oil	–	–	4	–	4
Cordials	–	–	4	–	4
Cond. M.S. Milk ...	–	–	2	–	2
Cond. F.C. Milk ...	–	–	2	–	2
Coffee and Chicory ...	–	–	1	–	1
Cream Horns	–	–	1	–	1
Clotted Cream	–	–	11	–	11
Cream (Tinned) ...	–	–	5	–	5
Cheese Spread	–	–	4	–	4
Crab Dressing	–	–	1	–	1
Dripping	–	–	4	–	4
Flavourings	–	–	4	–	4
Fish Cakes	–	–	4	–	4
Gin	–	–	2	–	2
Glycerine	–	–	5	–	5
Ground Spice	–	–	4	–	4
Ground Almond Mixture	–	–	1	–	1
Ground Almonds ...	–	–	4	–	4
Honey	–	–	4	–	4
Ice-cream	–	–	9	–	9
Imitation Cream ...	–	–	1	–	1
Jam	–	–	9	–	9
Lard	–	–	3	–	3
Marzipan	–	–	5	–	5
Malt Vinegar	–	–	4	–	4
Marmalade	–	–	4	–	4
Meat and Vegetable Extract	–	–	3	–	3
Margarine	–	–	4	–	4
Meat and Fish Paste ...	–	–	5	–	5
Milk (Raw)	6	–	–	–	6
Olive Oil	–	–	4	–	4
Pepper	–	–	4	–	4
Pasteurised Milk ...	53	–	–	–	53
Rum	–	–	3	–	3
Sausages	–	–	9	–	9
Soups (Tinned) ...	–	–	4	–	4
Sterilised Milk	4	–	–	–	4
Saccharin Tablets ...	–	–	4	–	4
Sauce	–	–	5	–	5
Saffron	–	–	4	–	4
Sweets	–	–	2	–	2
Shredded Suet	–	–	4	–	4
Steak and Kidney Pie ...	–	–	1	–	1
Tinned Peas	–	–	5	–	5
Table Jelly	–	–	5	–	5
Tincture of Iodine ...	–	–	3	1	4
Tea	–	–	4	–	4
Whisky	–	–	3	–	3
Zinc Ointment	–	–	4	–	4
TOTALS	63	–	210	1	274

FOOD AND DRUGS SAMPLES REPORTED NOT GENUINE

Article	*Nature of Adulteration*	*Action taken*
Tincture of Iodine	67% deficient in iodine and 66% deficient in Pot. Iodide	Letter of Caution

Slaughterhouses and Meat Inspection. Details of the number of animals killed at the Abattoir and the number of carcases of home-killed meat dealt with from other centres are shown in the following table:—

	Slaughtered at Plymouth Abattoir	*Received from other centres*	*Totals*
Bovines	11,653	1,369	13,022
Calves	766	677	1,443
Sheep	11,149	12,646	23,795
Pigs	4,161	20,537	24,698
	27,729	35,229	62,958

The total weight of meat and offal condemned during the year from animals killed inside and outside the City was 116 tons 14 cwts. 1 qtr. 21 lbs.

Meat received from other centres

Since the decontrol of meat and the re-registration of large numbers of private slaughterhouses outside the City, it has been found that some diseased meat reaches the City. On several occasions tuberculous offals have been delivered to the Public Abattoir, and as these offals are neither marked nor labelled they cannot be identified with particular carcases. This means that if one set of diseased lungs is found accompanying 40 or 50 quarters of beef, as has happened, detailed examination must be made of all the 40 or 50 quarters. This meat should have been examined in the area in which the animals were slaughtered, and failure to undertake this work places greater strain on the already seriously depleted Plymouth staff.

In view of the possibility of unexamined meat reaching Plymouth shops, all butchers in the City have been advised to verify that the meat they receive has been examined by an authorised officer, and if in doubt on this, they have been asked to get in touch with my office.

In one instance it was necessary to seize and have condemned by a Justice of the Peace one bullock's head affected with tuberculosis and cysticercus bovis (a parasite communicable to human beings) and a hind quarter of beef affected with tuberculosis, which had been sent into the City by a butcher who had previously sent unexamined meat into the City. The Health Committee considered the facts of the case and asked the Town Clerk to send a letter of caution to the wholesale butcher, and also to bring the facts to the notice of the Cornish Rural District Council concerned.

Cases similar to this emphasise the need for meat inspection being made a statutory duty of all local authorities.

Details of the number of whole carcases condemned and of carcases of which some part or organ was condemned are shown in the table which follows:—

	Cattle excluding Cows	*Cows*	*Calves*	*Sheep and Lambs*	*Pigs*
Number killed	7,775	3,878	766	11,149	4,161
Number inspected ...	8,651	4,371	1,443	23,795	24,698
All diseases except Tuberculosis Whole carcases condemned	20	23	18	71	11
Carcases of which some part or organ was condemned	870	1,651	1	1,117	573
Percentage of the number inspected affected with disease and other conditions, excluding Tuberculosis	10.29	38.30	1.32	4.99	2.36

Tuberculosis only Whole carcases condemned	23	43	1	–	8
Carcases of which some part or organ was condemned	590	1,449	2	–	434
Percentage of the number inspected affected with Tuberculosis	7.09	34.13	.21	–	1.79

Method of Disposal. Carcases and parts of carcases condemned for poor condition, as distinct from disease, were released for sale in pet shops; the remainder of the condemned meat was suitably treated and converted for use in the manufacture of fertilisers and similar products.

Unsound Foodstuffs. The following summary indicates the quantity of foodstuffs examined and found to be unfit for food :—

TINNED GOODS	*Tons*	*Cwts.*	*Qrs.*	*Lbs.*
Meat	2	1	0	6
Ham	–	9	2	16
Fish	–	6	0	25
Milk	–	8	1	7
Soup	–	4	1	10
Fruit	1	10	1	10
Vegetables	2	6	1	19
Jams and Marmalade	–	1	0	1
Cream	–	–	2	2
Various	–	2	0	22
PROVISIONS				
Fresh Vegetables	2	11	0	7
Fresh Fruit	–	15	1	16
Dried Fruit	–	18	2	10
Flour	2	4	3	27
Cereals	–	1	3	14
Biscuits	–	–	1	24
Sweets and Chocolate	–	7	3	3
Tea	–	–	–	8
Cheese	–	5	2	22

PROVISIONS—*continued.*	*Tons*	*Cwts.*	*Qrs.*	*Lbs.*
Cakes and Cake Mixture	–	–	1	6
Margarine	–	–	2	6
Yeast	–	1	3	7
Poultry	–	–	3	22
Rice	–	–	1	19
Miscellaneous	–	2	1	20
MEAT PRODUCTS				
Bacon	–	4	1	11
Sausages and Sausage Meat ...	–	1	2	2

Fish Inspection. The following summary indicates the quantity of fish and shell fish examined during the year and the quantity found to be unfit for food:—

	Tons	*Cwts.*	*Qrs.*	*Lbs.*
Quantity of fish inspected	301	12	0	0
Quantity of mixed fish found to be unfit for human food	6	1	0	4
Quantity of smoked fish found to be unfit for human food	–	6	3	23
Quantity of shell fish found to be unfit for human food	–	1	0	26

Disposal of unsound food

Tinned food, general provisions and fish are either burnt in the destructor or converted into animal feeding stuffs.

Flour has been sent out of the City to be processed for animal foods, but whenever unwholesome food is being sent into another district the Chief Public Health Inspector for the district concerned is notified.

Food Hygiene Regulations. The Food Hygiene Regulations, 1955, came into force on the 1st January, 1956. These regulations lay down requirements in respect of:

(i) the cleanliness of food premises and stalls, etc., and of apparatus and equipment;

(ii) the hygienic handling of food;

(iii) the cleanliness of persons engaged in the handling of food and of their clothing, and the action to be taken when they suffer from or are carriers of, certain infections;

(iv) the construction of food premises, the repair and maintenance of food premises, stalls, vehicles, etc., and the facilities to be provided; and

(v) the temperature at which certain foods that are particularly liable to transmit disease are to be kept in food premises.

Reference to the table on page 70 will show the number of inspections made of the various food premises in the City.

During these visits the occupiers were advised as to the requirements of the new Regulations, and were also advised to provide each employee with an individual towel instead of the usual roller towel. Emphasis was also placed on tidiness, which facilitates the easy cleansing of premises, and proprietors of food premises were recommended not to store about food rooms materials and equipment not necessary to the business.

The new Regulations require that there shall be displayed near sanitary conveniences Notices requesting users to wash their hands, and in order to facilitate this, the Department ordered a number of these Notices from the Central Council for Health Education, and made them available to the proprietors of food premises at the cost price.

Inspection of Other Food Premises. The following table gives details of the number and type of the various food premises within the City, together with the number of inspections made and action taken as a result of these inspections:—

Type of premises	*Number*	*Inspections made*	*Notices served*	*Notices Complied with*
Registered under Section 16 *of the Food and Drugs Act,* 1955*:*				
For sale, manufacture or storage of ice cream	695	190	4	4
Shops for preparation and sale of fried fish and chips	75	196	37	31
For preparation or manufacture of sausages or potted, pressed, pickled or preserved food	196	754	77	76
Restaurants and hotel kitchens	171			
Factories for food preparation and food warehouses (other than registered premises) ...	44			
Butchers	214	533	73	55
Bakehouses	43	135	12	12
Fresh Fish Shops (other than registered premises)	44	43	6	5
General provision shops, greengrocers' shops, confectionery shops, etc. ...	780	312	56	54
Public Houses	270	24	2	2
Dairies (Registered under Milk and Dairies Regulations, 1949/54) ...	82	545	5	4
Food Vehicles	—	411	13	12

Educational Activities. During the year talks on food hygiene were given to Townswomen's Guilds, student nurses, licensed house training staff and trade associations.

Contamination of Food. Only on one occasion was it found necessary to take proceedings in connection with contamination of foodstuffs. This concerned a firm of bakers who had sold a rock bun containing a cockroach. The firm pleaded guilty and a fine of £3 was imposed by the Magistrates.

Other cases of food contamination were brought to the notice of the Department, some of which indicated lack of care in the preparation, storage and handling of food. Visits were made to those premises situated within the City boundary, and the proprietors cautioned as to the need for greater care being taken.

In those cases where the food preparation premises were outside the City, in addition to warning letters being sent to the firms concerned, the Chief Public Health Inspectors of the areas in which the premises were situated were notified.

Infectious Diseases

The following pages give tables showing the occurrence of notifiable infectious diseases in 1956 with observations on certain of the diseases.

Incidence Table 1 on page 72a shows the number of notifications received during 1956 for each disease, classified by age groups.

Table 2 on page 72b shows the quarterly and sex incidence of Infectious Diseases during 1956.

Table 3 on page 73 shows the number of cases of infectious diseases notified to the Health Department during 1956 with comparative figures for the previous four years.

Mortality Table 4 on page 74 gives the number of deaths due to Diphtheria, Scarlet Fever, Measles and Whooping Cough in Plymouth in the years 1921–1956 inclusive.

Hospital Admissions and Deaths Table 5 on page 75 shows the number of Plymouth residents admitted to the Scott Isolation Hospital by reason of Infectious Disease and the deaths of Plymouth residents occurring in that hospital.

GENERAL OBSERVATIONS

There were 1,332 notifications of infectious diseases during 1956 compared with 5,643 in 1955. The wide difference between the two years is mainly due to the fact that only 157 cases of measles were notified in 1956 whereas 4,627 were notified in 1955, the biennial epidemic year. Most of the other diseases showed small increases with the exceptions of diphtheria and poliomyelitis. Notes on some of the more important diseases are given below.

Diphtheria 3 cases were confirmed, the lowest number to be recorded in Plymouth in one year. For the first time there were no children affected, the 3 cases being adults aged 45–65. The diagnosis was made in hospital on clinical grounds, in no case was bacteriological confirmation obtained, presumably due to treatment prior to admission. There was no evidence that the cases had previously been immunised.

There were no deaths.

TABLE 1.

INFECTIOUS DISEASES NOTIFIED 1956—BY AGE GROUPS.

DISEASE	*Under 1 Year*	*1–2 Years*	*2–3 Years*	*3–4 Years*	*4–5 Years*	*5–10 Years*	*10–15 Years*	*15–20 Years*	*20–25 Years*	*25–35 Years*	*35–45 Years*	*45–65 Years*	*65 Years and Over*	*Total All Ages*
	No.	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Dysentery	7	4	7	4	5	40	6	9	2	14	3	7	1	109
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	1	—	1	—	2	4	15	2	25
Food Poisoning	—	1	1	—	—	1	1	—	2	1	1	8	5	21
Gastro-Enteritis (under 2 years) ...	73	49	—	—	—	—	—	—	—	—	—	—	—	122
Measles	14	26	20	17	13	61	3	2	1	—	—	—	—	157
Meningococcal Infections	1	—	—	2	—	3	—	—	—	—	—	—	—	6
Ophthalmia Neonatorum ...	4	—	—	—	—	—	—	—	—	—	—	—	—	4
Paratyphoid	1	—	1	—	—	1	1	—	—	1	—	3	—	8
Pneumonia	14	10	5	7	2	31	8	6	5	15	19	71	55	248
Poliomyelitis and Polioencephalitis	—	—	1	—	—	—	—	1	1	—	—	—	—	3
Puerperal Pyrexia	—	—	—	—	—	—	—	2	5	7	3	—	—	17
Scarlet Fever	—	6	6	13	14	85	16	2	1	2	—	—	—	145
Typhoid	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	69	52	60	52	55	158	9	2	1	1	1	2	—	462
TOTALS	183	148	101	95	89	381	44	25	18	43	31	111	63	1332

TABLE 2.

QUARTERLY INCIDENCE OF INFECTIOUS DISEASES—PLYMOUTH—1956

DISEASE	JANUARY TO MARCH			APRIL TO JUNE			JULY TO SEPTEMBER			OCTOBER TO DECEMBER			TOTALS FOR YEAR		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Diphtheria	—	1	1	1	—	1	—	1	1	—	—	—	1	2	3
Dysentery	25	36	61	8	5	13	12	4	16	12	7	19	57	52	109
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	3	3	6	4	2	6	1	3	4	4	5	9	12	13	25
Food Poisoning	2	—	2	1	2	3	4	4	8	5	3	8	12	9	21
Gastro-Enteritis (under 2 yrs)	15	20	35	9	12	21	7	16	23	27	16	43	58	64	122
Measles	38	35	73	24	21	45	6	2	8	19	12	31	87	70	157
Meningococcal Infections ...	—	—	—	1	1	2	—	1	1	3	—	3	4	2	6
Ophthalmia Neonatorum ...	1	—	1	1	—	1	—	2	2	—	—	—	2	2	4
Paratyphoid	1	3	4	—	1	1	—	—	—	1	2	3	2	6	8
Pneumonia	67	68	135	27	22	49	13	8	21	23	20	43	130	118	248
Poliomyelitis	—	—	—	—	—	—	—	1	1	—	2	2	—	3	3
Puerperal Pyrexia	—	6	6	—	4	4	—	2	2	—	5	5	—	17	17
Scarlet Fever	25	21	46	14	23	37	10	20	30	13	19	32	62	83	145
Typhoid	—	—	—	—	1	1	—	1	1	—	—	—	—	2	2
Whooping Cough	27	27	54	77	75	152	76	97	173	44	39	83	224	238	462
TOTALS	204	220	424	167	169	336	129	162	291	151	130	281	651	681	1332

TABLE 3.

CASES NOTIFIED IN THE CITY DURING THE PAST FIVE YEARS.

Disease	1956	1955	1954	1953	1952
Diphtheria	3	8	5	21	13
Dysentery	109	70	29	12	28
Encephalitis	—	6	—	2	2
Erysipelas	25	38	24	43	35
Food Poisoning	21	32	15	15	17
Gastro-Enteritis (under 2 years)	122	108	132	93	136
Measles	157	4627	50	4634	1157
Meningococcal Infections	6	3	3	7	9
Ophthalmia Neonatorum	4	5	3	7	4
Paratyphoid	8	—	2	—	—
Pneumonia	248	206	192	291	153
Poliomyelitis and Polio-encephalitis	3	15	27	22	9
Puerperal Pyrexia ...	17	31	40	64	37
Scarlet Fever	145	117	102	302	220
Smallpox	—	—	—	—	—
Typhoid	2	—	1	1	1
Typhus	—	—	—	—	—
Whooping Cough ...	462	377	415	1199	310

TABLE 4.

MORTALITY FROM CERTAIN INFECTIOUS DISEASES

PLYMOUTH 1921–1956

YEAR	*Diphtheria*	*Measles*	*Scarlet Fever*	*Whooping Cough*
	No. of Deaths	*No. of Deaths*	*No. of Deaths*	*No. of Deaths*
1921–1930 Average	20	21	3	14
1931–1940 Average	29	8	2	10
1941 ...	28	12	—	11
1942 ...	16	1	—	2
1943 ...	10	8	—	8
1944 ...	4	1	—	1
1945 ...	6	1	—	3
1946 ...	2	1	—	4
1947 ...	2	9	—	2
1948 ...	1	—	—	2
1949 ...	1	1	—	5
1950 ...	—	—	—	3
1951 ...	—	2	—	3
1952 ...	1	—	—	2
1953 ...	—	—	—	3
1954 ...	—	—	—	—
1955 ...	—	—	—	1
1956 ...	—	—	—	—

TABLE 5

ISOLATION HOSPITAL, PLYMOUTH

ADMISSIONS—PLYMOUTH RESIDENTS—1956

NOTIFIABLE (INFECTIOUS) DISEASES ONLY

	Admitted	*Confirmed*
Diphtheria	14	3
Dysentery	28	21
Encephalitis	3	–
Erysipelas	2	–
Food Poisoning	4	1
Gastro-Enteritis (under 2 years)	69	12
Measles	6	2
Meningococcal Infections	47	5
Pneumonia	29	23
Poliomyelitis	25	3
Scarlet Fever	34	27
Typhoid and Paratyphoid	9	9
Whooping Cough	26	22

DEATHS OF PLYMOUTH RESIDENTS IN THE ISOLATION HOSPITAL, 1956

Acute Monocytic Leukaemia	1
Fulminating Meningococcal Septicaemia	1
Broncho-pneumonia, Achrodroplasia	1
Bulbar Paralysis, Acute Disseminated Encephalomyelitis	1
Septicaemia due to Pneumonia	1
Toxaemia following Peritonitis, the result of perforated appendix abscess together with chronic bronchitis and myocardial degeneration	1
Pulmonary embolus, Iliac Vein Thrombosis, Paratyphoid fever, Broncho-pneumonia	1
Spontaneous Subarachnoid Haemorrhage, Congenital Arterial Aneurysm	1
Pulmonary Tuberculosis	1
Broncho-pneumonia following tetanus from a cut knee sustained while playing football	1
Infective Endocarditis, Cholera Suis Food Poisoning	1
TOTAL DEATHS	11

Dysentery 109 cases were reported, an increase of 39 over 1955. There is no doubt that only a proportion of the cases which occur are actually notified. In many sufferers the disease is not severe enough or does not last long enough for medical attention to be sought. When investigation was made the organism was usually Shigella sonnei but Shigella flexneri was identified in 4 cases. The illness was usually mild but 21 cases reached hospital. There were no deaths.

Food Poisoning 21 cases were notified during the year, rather less than usual. As with dysentery fewer cases are notified than actually occur. Probably many of the minor "stomach upsets" which occasionally affect families or individuals are due to food poisoning. The cause is not always due to the purchase of contaminated food or to a meal taken in a catering establishment. Infection of food and the multiplication of harmful bacteria can take place in the home if the food is contaminated by handling and kept in a warm place. For safety, with most prepared dishes, the aim should be to cook and consume on the same day. Left overs, particularly of moist meat products, including gravy, can be dangerous. Reheating on the next day does not always destory harmful bacteria if contamination has occurred.

There was one large outbreak affecting 103 children, none of whom were notified, presumably owing to rapid recovery from their illness. These children were among 157 who consumed a midday meal prepared at a school. This outbreak was considered to be due to the use of a meat stock which had been made the previous day and kept under conditions which would allow the responsible organism (Cl. welchii) to multiply.

Poliomyelitis 3 cases were confirmed, the smallest number for many years. One was non-paralytic and the others were left with only slight paralysis. None of the cases had been vaccinated against poliomyelitis.

Typhoid and Paratyphoid Fever Confirmed cases of these diseases totalled 11 during 1956 compared with 2 in 1955. There were 2 cases of typhoid fever, one being almost certainly due to the consumption of shellfish from a polluted beach. The other was probably a relapse in a chronic carrier. Of the 8 cases of paratyphoid B fever, 4 related cases occurred in which the source of infection was probably cold roast pork. There was one death from Paratyphoid B and one from Paratyphoid C fever.

Whooping Cough The number of cases—462—is rather more than usual, but there were no deaths from this disease. No impressive decline in the incidence of the disease has so far followed the more general use of whooping cough vaccination but survey of the local returns indicates that the vaccinated child has only about half the chance of contracting the disease than the unvaccinated child has. In addition the illness is usually less severe in the vaccinated child.

Admissions to Scott Isolation Hospital I am indebted to Dr. D. F. Johnstone (Physician Superintendent) for the following notes and observations on admissions of Plymouth residents to the hospital. In connection with Dr. Johnstone's remarks on poliomyelitis and tetanus, reference is made to protection against these diseases in the section dealing with vaccination and immunisation.

During the year 1956, 502 notified cases of infectious disease were admitted from the City of Plymouth, a decrease of 80 over the previous year. 497 patients were discharged, five patients remained in hospital and there were 11 deaths.

Diphtheria 12 cases were notified but the diagnosis was corrected in ten of these, leaving only two confirmed cases of the disease.

One case of Laryngeal Diphtheria was notified but this turned out to be an acute Laryngo-Tracheo-Bronchitis, making a good recovery after trachetomy.

Corrected Diagnosis

Tonsillitis	4
Vincent's Angina	2
Glandular Fever	4

Scarlet Fever Thirty-two cases of Scarlet Fever were admitted and of these, twenty-five were confirmed. The remaining cases turned out to be:—

Tonsillitis	3
Pertussis	1
Pharyngitis following Tonsillectomy	1
Nothing abnormal diagnosed	2

Tuberculosis Sixty-nine cases of Pulmonary Tuberculosis, one of Tuberculous Meningitis, a Primary Complex in a child, and an acute Miliary Tuberculosis were admitted. There was one death. The general response to treatment in nearly all these cases was excellent and continued progress is being maintained in the treatment and management of these patients.

Poliomyelitis Thirty-eight cases were notified, but in only three was the diagnosis confirmed and of these, one recovered without paralysis.

The diagnosis were amended as follows:—

Haematoma of Gastrocnemius Muscle	1
Cervical Adenitis	1
Diabetes	1
Pyrexia of unknown origin	1
Rheumatic Fever	2
Thrombo-Phlebitis of leg	2
Acute Disseminated Encephalomyelitis	1
Nothing abnormal	2
Traumatic Arthritis	1
Toxic Myositis	3
Meningitis of unknown Actiology	1
Meningism of unknown origin	1
Serum Reaction	1
Tuberculous Meningitis	1
Arthritis of Cervical Spine	2
Broncho Pneumonia and Otitis Media	1
Infectious Poliomyelitis contacts	13

The ability to isolate virus from the stools of acute cases has been a valuable contribution to the final confirmation of the diagnosis. It leads however, to great problems when contacts of an acute case are examined for Poliomyelitis Virus. Contacts may carry the virus for many weeks without themselves suffering any ill effects. Even in closed communities it is doubtful whether the stool examination of contacts for virus is really justified. If large numbers of carriers are found, segregation is impossible without an enormous pool of readily available beds for isolation. Also the length of time the tests take preclude their usefulness in preventing an outbreak. It seems therefore that the best approach is still clinical, that is, careful observation of all contacts, with immediate isolation and rest for any of those developing early signs of an infection such as a temperature, cold, sore throat or gastro intestinal upset.

Vaccination against the disease will do much to lessen the incidence ultimately, but it will be several years before this is reflected in ordinary practice.

It is a comforting thought to Plymouth residents that so far, most of the cases of infantile paralysis come from the country areas around the town, presumably because the majority of town dwellers develop an active immunity early in life.

Gastro-Enteritis Eighty-nine cases were admitted, most of these being in children under the age of two.

The diagnosis was only confirmed in twenty-one and there were no deaths—the first time for many years.

Corrected diagnosis were as follows:——

Feeding Upsets	34
Teething	1
Nothing Abnormal diagnosed	9
Apical Pneumonia	1
Appendicitis	1
Scarlet Fever	1
Tonsillitis	2
Upper Respiratory Infection	13
Pharyngitis	1
Ulcerative Colitis	2
Diabetes	1
Pneumococcal Conjunctivitis	1
Toxic Erythema	1

Other Diseases 257 cases of various other infections were admitted. There were 10 deaths in this group.

Causes of Death

1. Infective Endocarditis.
2. Tetanus (Two deaths).
3. Pulmonary Tuberculosis.
4. Subarachnoid Haemorrhage.
5. Paratyphoid Fever.
6. Septic Bronchopneumonia.
7. Acute Disseminated Encephalomyelitis.
8. Broncho Pneumonia.
9. Monocytic Leukaemia.
10. Fulminating Meningococcal Septicaemia.

Of these deaths, the most distressing of all are those due to Tetanus. This is an eminently preventable disease. Active immunisation can be carried out in a similar manner to Diphtheria Prophylaxis and in fact, modern preparations are available giving a combined immunity against both whooping cough, diphtheria and tetanus.

Although the incidence of Tetanus is not high, yet anyone exposed to the risk of injury, even of a trivial nature, may become a victim of this grave disease.

Active immunisation should be encouraged not only by Local Health Authorities, but by General Practitioners and Hospitals. There is a minimum of inconvenience to the patient in carrying out this procedure and reactions are negligible. At present very few people are immunised against the disease and there should be no hesitation in employing Tetanus Antitoxin in full doses whenever there is the least likelihood of contamination by earth, or in any dirty wound, however caused.

The likelihood of disturbing after effects is very small indeed and should never deter the practitioner from giving antitoxin in large doses whenever indicated. Naturally, special precautions have to be taken in the case of allergic types of patient or in those who have had recent injections of horse serum.

The commonest mistake is to give one set dose of serum, say 1,500 international units thinking that this will be sufficient. It cannot be too strongly stressed that for effective serum prevention at least 3,000 international units should be given intramuscularly as soon after the injury as possible, and this should be repeated *twice* at weekly intervals. This is the minimum for adequate protection and in badly infected wounds the dose should be doubled or trebled, irrespective of the age of the patient.

Tetanus is an easy disease to prevent but once established the outlook in most of the cases is bad. In spite of muscle relaxants and positive pressure breathing, the fully developed case stands a poor chance of survival, and the end is perhaps the most distressing of all diseases, particularly as the victims are nearly all young and active. It may well be said that in this disease, prevention is the only cure.

IMMUNISATION AND VACCINATION

A full description of the Authority's provisions for immunisation against diphtheria and whooping cough and vaccination against smallpox was given in the report for 1952 and the schemes continued on similar lines in 1956. During the year the Authority introduced schemes for immunisation against tetanus and poliomyelitis and these are described below.

Immunisation against Diphtheria

Reference to Table C shows that 2,573 children received a primary course of immunisation in 1956, 229 fewer than in 1955. A further 3,486 children, previously immunised received a reinforcing injection to keep their resistance to the disease at a high level. This is a reduction of 423 compared with 1955.

Until this year the proportion of children immunised has remained steady for several years. No obvious cause can be seen for the falling off in 1956 except to regard it as part of the general trend which has occurred over most of the country in the past two years. If the fall in immunisation continues into subsequent years it must give rise to anxiety. No one can say that diphtheria is vanquished for ever. As recently as 1940 there were 1,361 cases of the disease in Plymouth with 105 deaths. It would be a tragedy if diphtheria should again take its toll through the neglect of parents to obtain the protection which is so freely available for their children.

Immunisation against Whooping Cough

During the year 1,976 children received a primary course of immunisation against whooping cough. Most of these were infants who were inoculated with the combined diphtheria-whooping cough antigen which, requiring three injections only, is more acceptable than separate diphtheria and whooping cough courses necessitating a total of five injections.

Efficiency of Whooping Cough Vaccination

With a view to obtaining local information to assess the value of the combined diphtheria-whooping cough antigen in preventing whooping cough, the children born in Plymouth in 1953 have been kept under review in respect of their immunisation state and the amount of whooping cough which has occured in the group. The latest survey indicates that immunisation gives 68% protection against whooping cough. This is a useful degree of protection and in addition, even where immunisation fails to prevent the disease occurring there is evidence that the illness is usually much less severe in the immunised child.

Vaccination against Smallpox

In 1956, 1,711 primary vaccinations were performed. 1,504 of these were infants under one year of age, this number being 42.3% of the births in the year. 205 fewer infants were vaccinated in 1956 than in 1955. As with diphtheria immunisation there appears to be no special reason for the reduction in acceptance of vaccination in 1956 and the figures for 1957 will be awaited with some anxiety.

TABLE A

Number of children at 31st December, 1956, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January, 1942)

Age on 31.12.56 (i.e. Born in year)	*Under 1 1956*	*1–4 1952–1955*	*5–9 1947–1951*	*10–14 1942–1946*	*Under 15 Total*
A. Number of children whose last course (primary or booster) was completed in the period 1952–56	329	8,248	11,573	8,231	28,381
B. Number of children whose last course (primary or booster) was completed in the period 1951 or earlier	—	—	3,534	7,546	11,080
C. Estimated mid-year child population	3,530	13,170	31,900		48,600
Immunity Index					58.39%

TABLE B

Showing the Number of Cases and Deaths from Diphtheria in the past 26 Years and the Primary Immunisations Performed in each Year

Year.	*Total Births.*	*Diphtheria. Total of*		*Primary Diphtheria Immunisations.*			*Population*	*Attack Rates per 1,000 population*
		Cases.	*Deaths.*	*Ages.* 0–5.	*Ages.* 5–15.	*Total No.* 0–15.		
1931	3,427	367	17	1,282		1,282	191,800	1.77
1932	3,251	444	20	1,107		1,107	208,440	2.13
1933	3,232	337	18	972		972	206,200	1.63
1934	3,203	376	15	335	363	698	203,450	1.85
1935	3,065	481	23	874	1,244	2,118	203,600	2.36
1936	3,061	455	40	662	1,104	1,766	206,400	2.20
1937	3,073	272	17	500	1,035	1,535	210,460	1.29
1938	3,305	357	15	430	707	1,137	211,800	1.68
1939	3,446	404	25	568	615	1,183	215,500	1.87
1940	3,295	1,361	105	2,812	6,765	9,577	197,800	6.88
1941	2,453	348	28	673	1,244	1,917	149,300	2.33
1942	2,817	227	16	2,323	1,029	3,352	127,300	1.78
1943	3,144	209	10	1,593	1,050	2,643	136,530	1.53
1944	3,477	163	4	1,680	535	2,215	144,700	1.12
1945	3,824	157	6	1,701	417	2,118	157,580	0.99
1946	4,272	68	2	2,223	928	3,151	176,070	0.39
1947	4,490	49	2	2,485	769	3,254	181,600	0.26
1948	4,036	51	1	3,326	323	3,649	188,940	0.27
1949	3,769	29	1	2,636	725	3,361	190,860	0.15
1950	3,534	25	—	2,164	847	3,011	208,960	0.12
1951	3,622	33	—	2,337	371	2,708	219,700	0.15
1952	3,487	13	1	2,731	437	3,168	218,600	0.06
1953	3,643	21	—	2,284	625	2,909	221,400	0.09
1954	3,580	5	—	2,358	440	2,798	217,500	0.02
1955	3,536	8	—	2,367	435	2,802	218,000	0.04
1956	3,526	3	—	2,211	362	2,573	216,200	0.01

TABLE C

SHOWING THE AGES AT WHICH CHILDREN WERE IMMUNISED AGAINST DIPHTHERIA IN 1956

	AGE At date of final injection (as regards A) Or of reinforcing injection (as regards B)			
	Under 1	*1–4*	*5–14*	*Total*
A. Number of children who completed a full course of Primary Immunisation in the Authority's area (including temporary residents) during the year ended 31st December, 1956	1,527	684	362	2,573
B. Number of children who received a secondary (reinforcing) injection (i.e., subsequently to a primary immunisation at an earlier age) during the year ended 31st December, 1956	—	900	2,586	3,486

WHOOPING COUGH

Protective Inoculations given (primary courses)									
1947	*1948*	*1949*	*1950*	*1951*	*1952*	*1953*	*1954*	*1955*	*1956*
483	1,739	1,908	1,465	1,568	1,976	1,955	2,140	2,148	1,976

TABLE I—VACCINATION AGAINST SMALLPOX

Number of Persons Vaccinated (or re-vaccinated) during period 1956						
Age at date of Vaccination	*Under* 1	1	2–4	5–14	15 *or over*	*Total*
Number Vaccinated ...	1,504	49	42	31	85	1,711
Number Re-vaccinated	7	3	10	35	209	264

TABLE II—VACCINATION AGAINST SMALLPOX

Year	*Births*	*Primary vaccinations (all ages)*	*Percentage of Children vaccinated (under 1 year of age)*	*Re-vaccinations (all ages)*
1944	3,016	1,663	55.14	85
1945	3,752	1,803	48.05	39
1946	3,947	1,890	47.88	74
1947	4,490	1,972	43.92	6
1948 (to 4.7.48) ...	2,223	1,011	45.48	—
1948 (from 5.7.48) ...	1,813	322	17.76	69
1949	3,769	1,432	30.5	278
1950	3,534	1,691	33.5	398
1951	3,622	1,975	40.2	832
1952	3,487	1,836	42.9	475
1953	3,643	1,869	40.0	297
1954	3,580	1,692	40.8	239
1955	3,536	1,942	48.3	224
1956	3,526	1,711	42.7	264

IMMUNISATION AGAINST TETANUS

An important innovation in 1956 was the addition of immunisation against tetanus to the list of protective injections available at clinics or from family doctors.

The prevention of diphtheria has been so effective that tetanus now causes more deaths annually over the whole country than diphtheria. Many of these tetanus deaths occur as a result of minute wounds or abrasions which may be unnoticed or so slight that they do not appear to need treatment. The general plan is to advocate tetanus immunisation in infancy with reinforcing injections before entering school and again at about the age of 9 years.

By using the "triple antigen" protection against tetanus can be given at the same time as immunisation against diphtheria and whooping cough. By this scheme, a gradually increasing proportion of the child population will acquire active immunity to tetanus without having to undergo additional injections. Children who have already had their diphtheria immunisation may receive a separate course of tetanus immunisation on request.

Vaccination Against Poliomyelitis

An event of major importance in 1956 was the introduction in this country of a vaccine against poliomyelitis. Owing to the limited amount likely to be available and the newness of the procedure it was considered inadvisable at this stage to employ campaign methods to enrol as many as possible for vaccination. Nevertheless there was quite a keen response from many parents and approximately 6,000 children in the eligible group, those born from 1947–54, were registered for vaccination.

About 500 children were vaccinated in 1956 leaving 5,500 registered children to be given priority when further supplies of vaccine arrive in 1957.

No cases of poliomyelitis occurred in children in Plymouth in 1956, whether vaccinated or unvaccinated so no local inferences can yet be drawn to estimate the power of the vaccine to protect against poliomyelitis. It can however be said that the vaccine, with the meticulous care taken in its preparation, has shown itself to be harmless and to cause no unpleasant after-effects or complications. It is hoped that vaccination will reduce the risk of contracting paralytic poliomyelitis to one quarter of what it is without such protection.

Personal Record Cards

The list of diseases for which protective inoculations are freely available increases steadily. Most children have had diphtheria immunisation and smallpox vaccination. Many have had whooping cough vaccination and in the past year tetanus and poliomyelitis have been added to the immunisation programme. The child who is liable to travel may also have had injections against three or four other diseases.

It must be very difficult for a mother to remember when and what inoculations her child has had. It has therefore been decided to issue a record card for personal retention to all completing a course of injections at a clinic. There is space on the card for subsequent inoculations against various diseases to be entered and if reliably maintained it could be of great value at times when official records may not be accessible. The cards are also available to any practitioner who wishes to use them.

Prevention of Illness Care and After-Care

(A) TUBERCULOSIS

VITAL STATISTICS

Notifications The number of notified cases of tuberculosis for the year amounted to 245. This figure consisted of 228 respiratory and 17 other forms of tuberculosis. There was a decrease of 3 respiratory and 2 non-respiratory cases compared with last year's figures.

TABLE I

Age Groups	*Respiratory*		*Non-Respiratory*	
	M.	*F.*	*M.*	*F.*
0	—	2	—	—
1	2	1	—	—
2	3	4	—	1
5	11	2	1	—
10	4	9	—	3
15	13	17	—	1
20	11	20	1	4
25	21	24	2	—
35	17	10	—	1
45	19	5	—	1
55	16	4	—	—
65	8	3	1	1
75	1	1	—	—
Totals ...	126	102	5	12

The number of notified cases of respiratory tuberculosis has remained virtually constant since 1952. The age and the sex distribution of notified cases (Table I) is the same as last year.

Table II

Year	(A) *Notifications*		(B) *Deaths from tuberculosis of non-notified persons*		*Percentage of B on A*	
	Resp.	*Non-Resp.*	*Resp.*	*Non-Resp.*	*Resp.*	*Non-Resp.*
1942	282	77	26	7	9.22	9.09
1948	284	41	14	7	4.93	17.07
1950	299	49	—Not available—			
1952	230	42	9	2	3.91	4.76
1953	228	36	11	3	4.82	8.33
1954	230	25	4	2	1.74	8.00
1955	231	19	3	–	1.30	—
1956	228	17	3	2	1.31	11.7

Deaths During the year 1956, tuberculosis was registered as the cause of death in 27 cases; one of them was notified posthumously and 4 were not notified.

The number of deaths has fallen by 20 since last year; the present rate is the same as the national average.

Clinic Register An analysis of the number of patients on the "live" chest clinic register at the end of the year is shown in Table III.

Table III

	Males	*Females*	*Children*	*Totals*
Respiratory ...	1040	783	166	1989
Non-Respiratory ...	79	97	65	241
Totals ...	1119	880	231	2230

CHEST CLINIC AND HOSPITAL WORK

Attendances 5236 new cases were investigated during the year, an increase of 2,486 compared with 1955. In addition there were 11,752 attendances of old cases.

757 contacts of newly notified cases were examined. This figure is smaller by 278 than in 1955, because the search was more discriminating and intensive. 37 cases were discovered by this means.

Table IV

Year	*Total Attendances*	*New cases referred*		*New Contacts*	*Re-Attendances*
		Clinic	*G.P.X-ray*		
1950	20,811	2,266	—	587	17,958
1953	19,674	2,375	—	650	16,649
1955	18,903	1,994	756	1,035	15,118
1956	17,745	1,627	3,609	757	11,752

Case Finding The main methods by which new cases are discovered are analysed in Table V.

Table V

Sources of Notified Cases—Respiratory
Percentage of notified cases shown in brackets

Year	*M.M.R.*	*Clinic*	*G.P.X-ray*	*Contacts*	*Other Hospitals*
1952	50 (21.7)	118 (51.3)	— —	8 (3.5)	54 (23.5)
1953	40 (17.7)	126 (55.2)	— —	14 (6.1)	48 (21.0)
1954	56 (23.7)	117 (49.6)	— —	18 (7.6)	45 (19.1)
1955	50 (21.7)	102 (44.2)	11 (4.7)	29 (12.5)	39 (16.9)
1956	46 (20.1)	72 (31.6)	48 (21.1)	37 (16.2)	25 (11.0)

The Mass Radiography Unit is working to capacity, and the number of cases discovered has fallen slightly from year to year as the incidence of tuberculosis in the general population has declined.

New cases referred to the chest clinic by general practitioners for X-ray or clinical examination provide over half the total. Increasing use of these facilities by general practitioners will lead to a greater yield from this source.

Contacts of new cases are found to be tuberculous occasionally. A more rigorous search has led to an increase from 29 to 37 cases from 1955–1956.

Notifications from other hospitals provided 25 cases last year. The figure has fallen as the incidence of the disease has fallen over the past five years. More cases could be found in hospitals if some method of X-raying in-patients and out-patients in large numbers were available.

General Practitioner X-ray Service During the year, 3,609 cases were examined, 48 (1.3%) were found to have active disease.

Domiciliary Visits and Consultations The Consultant Chest Physician made visits to patients in their homes and held consultations at the Hospitals and in the patients' homes at an average of two per week.

Hospital Treatment Slightly fewer patients were treated in hospital (432 in 1956; 448 in 1955). This fact combined with the shorter period in hospital now needed has made it possible to give up Military Families' Hospital. The total number of beds available for tuberculosis at the end of 1956 was 240.

TABLE VI

ADMISSIONS AND DISCHARGES—TUBERCULOSIS HOSPITALS, 1956

	Total Beds		*Total Cases*	*Tuberculous*	*Non-Tuberculous*
Didworthy Chest Hospital	128	Admissions Discharges Deaths	133 184 —	132	1
Mount Gold Hospital	80	Admissions Discharges Deaths	284 260 17	165	119
Scott Isolation Hospital	32	Admissions Discharges Deaths	91 91 3	78	13
Military Families Hospital	23	Admissions Discharges Deaths	121 136 —	57	64

B.C.G. The following table shows the number of cases vaccinated against tuberculosis in 1956.

TABLE VII

School Leavers	1176
Contacts	311
Total ...	1487

Rehousing Every co-operation was again received from the Housing Committee in the rehousing of patients found to be living in unsatisfactory conditions. To the 124 cases awaiting rehousing on the 31st December, 1955, were added a further 117 recommended by the Medical Officer of Health. 87 families were rehoused and 17 removed from the list for various reasons, leaving 137 still awaiting rehousing on 31st December, 1956.

Voluntary Organisations The Plymouth Tuberculosis Care and After-Care Voluntary Committee continued to act as the agent of the Local Health Authority for the welfare of tuberculous patients and the grant for these services was maintained at £600.

Altogether £1,718 was spent in assisting patients, representing 88% of the Committee's total expenditure.

Cheap milk continued to be supplied and there were 105 patients in receipt of this form of assistance at the end of the year.

Whilst the majority of the applications were for clothing and bedding, help was also given to pay for driving courses, examination fees, lip reading lessons, night attendance, etc.

In addition, a grant of £150 was made to Mount Gold Hospital to enable the broadcast reception system to be rewired.

PLYMOUTH MASS RADIOGRAPHY SERVICE

Report on work done in Plymouth during the year ended 31st December, 1956.

	Male	*Female*	*Total*	%
No. of persons examined	18,875	8,320	27,195	
No. recalled for full-sized films ...	1,099	388	1,487	5.5
No. recalled for clinical examination	225	103	328	1.2

INCIDENCE OF DISEASE

A. *Pulmonary tuberculosis*

1. Newly discovered significant cases

		Per thous.
Requiring treatment	38	1.4
Requiring observation	65	2.4

2. Inactive—no action 263

3. Previously diagnosed 156

B. *Other conditions*

Pneumonia	15
Bronchiectasis	16
Bronchitis and Emphysema	42
Post pneumonic fibrosis	3
Pleural thickening	7
Asthma	4
Pneumoconiosis	3
Sarcoidosis	5
Carcinoma of the bronchus	10
Neurofibroma	1
Cyst of lung	2
Enlarged thyroid	3
Eventration of diaphragm	6
Hiatus hernia	1
Mastitis	1
Spontaneous pneumothorax	1
Congenital abnormality of lung ...	2
Cardio-vascular disease:	
Acquired	26
Congenital	6
Haemangiomata	1
Foreign body in chest	1
Bony abnormality:	
Congenital	25
Acquired	13

AGE AND SEX ANALYSIS OF NEWLY DISCOVERED SIGNIFICANT CASES

(Group 1 above)

	–15	15–24	25–34	35–44	45–59	60†
Male	5	13	9	2	16	9
Female	2	16	11	14	4	2

ANALYSIS OF FINDINGS IN SURVEY GROUPS

Group	*Number examined*			*Newly discovered significant cases*	
	Male	*Female*	*Total*	*Treatment %*	*Observation %o*
National Service Entrants	889	—	889	1 (1.1)	3 (3.4)
General Practioner Referrals	361	708	1,069	3 (2.8)	14 (13.1)
School Leavers	1,054	1,062	2,116	2 (0.9)	3 (1.4)
Contact Groups	297	359	656	1 (1.5)	—
Small Firms	3,350	1,701	5,051	9 (1.8)	11 (2.2)
Large Firms	11,833	689	12,522	14 (1.1)	13 (1.0)
Students	218	182	400	—	—
Hospital Staff	185	931	1,116	1 (0.9)	1 (0.9)
School Staff	277	750	1,027	—	1 (0.97)
Vagrants	111	—	111	1 (9.0)	3 (27.0)
General Public	161	454	615	1 (1.6)	4 (6.5)
Contacts of Tuberculin Positive Children	139	226	365	—	7 (19.1)
Ante-Natal Patients	—	1,258	1,258	5 (4.0)	5 (4.0)
TOTAL	18,875	8,320	27,195	38 (1.4)	65 (2.4)

NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS—1914–1956.

and Attack Rate and Mortality per 1,000 population

Year	Pulmonary Tuberculosis				Non-Pulmonary Tuberculosis				Tuberculosis (All Forms)			
	New Cases	*Attack Rate*	*Deaths*	*Mortality*	*New Cases*	*Attack Rate*	*Deaths*	*Mortality*	*New Cases*	*Attack Rate*	*Deaths*	*Mortality*
1914	370	1.74	262	1.23	131	.62	80	.37	501	2.36	342	1.60
1915	322	1.71	236	1.26	88	.47	84	.45	410	2.18	320	1.71
1916	376	2.04	254	1.37	166	.90	65	.35	542	2.94	319	1.72
1917	364	2.03	243	1.25	103	.57	89	.49	467	2.60	332	1.74
1918	417	2.32	300	1.67	130	.72	89	.49	547	3.04	389	2.16
Average 1914–1918	**369**	**1.97**	**259**	**1.35**	**123**	**.65**	**81**	**.43**	**493**	**2.62**	**340**	**1.78**
1919	266	1.46	231	1.27	74	.41	73	.40	340	1.87	304	1.67
1920	189	1.00	195	1.03	40	.21	46	.24	229	1.21	241	1.27
1921	370	1.85	208	1.04	117	.59	42	.21	487	2.44	250	1.25
1922	395	1.97	218	1.09	92	.46	48	.24	487	2.43	266	1.33
1923	346	1.79	202	1.04	119	.61	44	.23	465	2.40	246	1.27
Average 1919–1923	**313**	**1.61**	**211**	**1.09**	**88**	**.45**	**50**	**.26**	**401**	**2.07**	**261**	**1.36**
1924	294	1.52	209	1.08	92	.48	43	.22	386	2.00	252	1.30
1925	389	1.97	179	0.91	103	.52	44	.22	492	2.49	223	1.13
1926	443	2.36	177	0.95	116	.62	34	.18	559	2.98	211	1.13
1927	358	1.91	182	0.97	115	.61	31	.16	473	2.52	213	1.13
1928	325	1.73	159	0.85	111	.59	32	.17	436	2.32	191	1.02
Average 1924–1928	**361**	**1.89**	**181**	**0.95**	**107**	**.56**	**36**	**.19**	**469**	**2.46**	**218**	**1.14**
1929	300	1.51	166	0.84	78	.39	24	.12	378	1.90	190	0.96
1930	252	1.27	167	0.84	76	.38	33	.17	328	1.65	200	1.01
1931	320	1.67	157	0.69	62	.32	38	.20	382	1.99	195	0.89
1932	273	1.31	162	0.78	70	.33	31	.15	343	1.64	193	0.93
1933	253	1.22	178	0.86	58	.28	24	.12	311	1.50	202	0.98
Average 1929–1933	**279**	**1.39**	**166**	**0.90**	**69**	**.34**	**30**	**.15**	**348**	**1.73**	**196**	**0.95**
1934	246	1.21	167	0.82	63	.31	35	.17	309	1.52	202	0.99
1935	217	1.07	114	0.56	54	.26	30	.15	271	1.33	144	0.71
1936	204	0.98	125	0.60	51	.25	27	.13	255	1.23	152	0.73
1937	225	1.07	147	0.70	52	.25	15	.07	277	1.32	162	0.77
1938	209	0.98	135	0.64	42	.20	27	.13	251	1.18	162	0.77
Average 1934–1938	**220**	**1.06**	**137**	**0.66**	**52**	**.25**	**27**	**.13**	**272**	**1.31**	**164**	**0.79**
1939	194	0.90	138	0.64	51	.24	25	.12	245	1.14	163	0.76
1940	192	0.97	163	0.83	62	.31	25	.13	254	1.28	188	0.96
1941	194	1.30	141	0.94	42	.28	22	.15	236	1.58	163	1.09
1942	243	1.89	121	0.95	57	.44	30	.23	300	2.33	151	1.18
1943	240	1.76	126	0.92	56	.41	28	.20	296	2.17	154	1.12
Average 1939–1943	**212**	**1.36**	**137**	**0.85**	**53**	**.33**	**26**	**.16**	**266**	**1.70**	**164**	**1.02**
1944	233	1.61	124	0.86	38	.26	18	.12	271	1.87	142	0.98
1945	289	1.83	125	0.79	49	.31	16	.10	338	2.14	141	0.89
1946	284	1.61	105	0.60	50	.28	25	.14	334	1.89	130	0.74
1947	297	1.64	143	0.77	54	.29	30	.16	351	1.93	171	0.93
1948	284	1.50	142	0.73	41	.22	22	.12	325	1.72	160	0.85
Average 1944–1948	**277**	**1.64**	**127**	**0.75**	**46**	**.27**	**22**	**.13**	**324**	**1.91**	**149**	**0.88**
1949	273	1.43	119	0.62	30	.16	6	.03	303	1.59	125	0.65
1950	299	1.43	108	0.52	49	.23	15	.07	348	1.66	123	0.59
1951	251	1.14	92	0.42	45	.20	10	.04	296	1.34	102	0.46
1952	230	1.05	49	0.22	42	.19	5	.02	272	1.24	54	0.24
1953	228	1.03	44	0.20	36	.16	5	.02	264	1.19	49	0.22
Average 1949–1953	**256**	**1.22**	**82**	**0.40**	**40**	**.19**	**8**	**.04**	**296**	**1.40**	**90**	**0.43**
1954	236	1.09	30	0.14	26	.12	3	.01	262	1.20	33	0.15
1955	231	1.06	41	0.19	19	.09	2	.00	250	1.15	43	0.19
1956	228	1.05	27	0.12	17	.08	2	.00	245	1.13	29	0.12

A rate of .00 indicates that there were too few deaths during that year to be expressed as a rate to two decimal places.

(B) OTHER ILLNESS

Health Education

During the year under review no special attention was directed towards any one aspect of the range of health education measures which are constantly used by the department. Facilities are always available to arrange special public emphasis on any particular subject should the need arise, and in the meantime the day-by-day efforts of all members of the staff in contact with the public continued to make everyone more conscious of the steps they can take to promote and preserve good health and healthy living.

In addition, lectures were given to clubs and groups by suitably qualified members of the staff, and the distribution of a very varied range of leaflets from all clinics and offices and the display of posters in clinics, office waiting rooms and in the public parks was continued.

The department is always willing to give every assistance by way of advice or lectures, many of which are illustrated by film strips.

(C) VENEREAL DISEASES

Contacts of patients attending this or any other Clinic who were persuaded to attend by the Social Worker.

Syphilis		*Gonorrhoea*		*Soft Chancre*		*Non-V.D.*	
M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
–	–	–	13	–	–	–	30

Total number of contacts notified, 51.

TREATMENT CLINIC, S.D. & E.C. HOSPITAL, FREEDOM FIELDS

TABLE "A" TOTAL NEW CASES FOR THE YEAR 1956, INCLUDING TRANSFERS FROM OTHER CENTRES

Year	*Syphilis*				*Chancroid*				*Gonorrhoea*				*Non-Venereal Disease*				*Totals*			
	Plymouth	Devon	Cornwall	Total	Plymouth	Devon	Cornwall	Total	Plymouth	Devon	Cornwall	Total	Plymouth	Devon	Cornwall	Total	Plymouth	Devon	Cornwall	Total
1951	66	11	1	78	1	–	–	1	107	10	5	122	464	48	53	563	638	69	59	766
1952	74	11	12	97	5	1	–	6	125	10	7	142	391	49	43	483	595	71	62	728
1953	92	8	8	108	2	-	–	2	127	10	2	139	482	54	34	570	603	72	44	819
1954	61	8	6	75	3	–	-	3	113	8	8	129	496	31	38	568	673	47	52	772
1955	47	10	1	58	1	–	–	1	122	7	4	133	416	25	32	473	586	42	37	665
1956	50	7	4	61	3	–	–	3	91	6	1	98	384	31	28	443	528	44	33	605

TABLE "B" NEW CASES FOR THE YEAR 1956, EXCLUSIVE OF TRANSFERS.

Year	*Syphilis*			*Gonorrhoea*			
	Male	*Female*	*Totals*	*Male*	*Female*	*Totals*	*Totals*
1951 ...	35	27	62	99	17	116	178
1952 ...	44	38	82	95	37	132	214
1953 ...	60	42	102	97	34	131	233
1954 ...	39	29	68	104	17	121	189
1955 ..	16	26	42	100	23	123	165
1956 ...	28	24	52	69	22	91	143

Home Nursing

Superintendent: Miss D. M. Williams

Staff

1 Superintendent.
2 Assistants.
1 Home Sister (for Home Nursing and Midwifery Department housed on the premises).
25 Queen's Nurses (including 5 Males).
3 Students.
1 S.R.N.
7 Part-time Nurses (including 1 Queen's).
Underestablishment: 3

WORK DONE

Patients on books beginning of year, 1956		788
New Patients:		
Medical	4,788	
Surgical	682	
Infectious Diseases	8	
Tuberculosis	102	
Maternal Complications	79	
		5,659
Total Patients		6,447
New Patients (included above) who were:		
O.A.P.	2,080	
Children under 5 Years	335	
Diabetics	150	
Other injections	2,225	
Number of Patients taken off after more than 24 visits	528	
Number of visits to all patients:		
Medical	109,163	
Surgical	21,506	
Infectious Diseases	82	
Tuberculosis	7,676	
Maternal Complications	909	
Miscellaneous Calls (no nursing procedure carried out)	2,749	
Supervisions	1,032	
Total Visits		143,117

Visits (included above) to :

O.A.P.	84,556
Children under 5 Years	1,883
Diabetics	26,235
Other Injections	37,242
To patients taken off books who have had more than 24 visits	37,678

Training:

17 Students have been trained during the year.
11 for County Authorities and 6 for our own Staff.

Extensive repairs and renovations have been carried out to the Nurses' Home and Administrative Block. This has relieved the overcrowding in the Home and gives much better working and training facilities.

The number of patients nursed is about the same although less of them suffered from infectious diseases other than tuberculosis. There was a slight increase in the number of tuberculosis patients and a considerable increase in visits to them.

The number of injections (other than insulin) has increased by over 4,000, whilst the number of patients to whom they have been given has only increased by 65, which indicates that patients are having longer courses of treatment.

We nursed a larger number of old people, and nearly 100 more children and gave the children over 1,000 more visits. Also, the number of people who recevied more than 24 visits in the year has increased.

One administrator and one nursing sister attended refresher courses during the year.

Home Help Service

Organiser: Mrs. P. Nodder

The following summary of the work undertaken during the year shows an increase in the number of cases of general sickness in which help was given but a decrease in the number of confinement cases, as compared with the previous year. All requests for help have been met and there has been no difficulty in recruiting helpers when this has been necessary.

Visits by Organiser	2,055
Number of Cases Assisted—	
Confinements	125
Tuberculosis	2
Chronic sick (including aged and infirm)	70
General	72
TOTAL ...	269
Average number of helpers employed weekly	30
Total number of hours worked by helpers	41,628
Amount recovered from householders	£1,538
Number of cases full recovery	38
Number of cases part recovery	223
Number of cases free	8

The Plymouth Council of Social Service has continued to provide a service for old people on an increasing scale and the Local Health Authority has made them a grant towards the cost of the overhead expenses of running their scheme. There is no doubt of the value of this service both to hospitals in freeing beds and to the Local Authority in not having to find a place in a home for many of these old people.

The following figures give some indication of the work done during the year under the scheme of the Council of Social Service:

Average number of houses visited weekly during the year (i.e. persons helped)	652
Average number of Home Helps employed weekly throughout the year	106
Total hours of work per week being provided at the end of the year approximately	3,000

There is a heavy turnover of cases each year for reasons of death, removal from the area and other causes and, during 1956, 350 went off the books of the Council of Social Service whereas 372 new cases were accepted.

Mental Health

REPORT OF THE SENIOR MEDICAL OFFICER,

DR. N. R. MATHESON

1. *Administration:*

The new Occupation Centre, at Highbury, Peverell, Plymouth, with accommodation for about 70 defectives, was opened in September 1956, and the old centres at Trematon Villa and Crownhill were closed. The official opening by the Lord Mayor took place on the 12th September, 1956.

Having all the pupils under one roof has eased the strain on the staff, and the provision of properly equipped premises has enabled the children to be grouped into classes according to age and grade. At the same time, the numbers attending have been increased. In December, 1956 there were 68 on the roll, with none on the waiting list.

Four other defectives attend a Day Special School for Spastics.

2. *Work undertaken in the Community:*

This has continued along the usual lines, the number of cases dealt with under the various headings showing little variation compared with previous years. In fact, the number dealt with under the Lunacy and Mental Treatment Acts is exactly as in 1955.

Despite the efforts of the Local Health Authority to obtain some assurance from the Regional Hospital Board regarding the admission of urgent cases to Moorhaven Hospital, for a short period during the year patients had to be transported to Bodmin. At other times there have been no beds available at Moorhaven should any have been required for urgent cases.

The bed position at Mental Deficiency Institutions, too, does not improve, and urgent low grade cases have to face a waiting period usually running into two years or more. One such case, still on our list, has been waiting over five years. Until the Regional Hospital Board can provide additional accommodation in the Region little improvement can be expected.

Due to the help and co-operation of Dr. Prentice, Medical Superintendent at the Royal Western Counties Institution, in accepting most of the cases we have put forward for short-term beds, many family crises have been overcome. As these short-term cases can only be taken into beds whilst patients are temporarily away from the Institution (usually on holiday at home), such beds are not always available, particularly during the winter months.

3. *Lunacy and Mental Treatment Acts:*

During the year 220 cases were dealt with by the Duly Authorised Officers under the Lunacy and Mental Treatment Acts, as follows:

	Males	*Females*	*Total*
Admitted under Section 20, Lunacy Act, 1890 ...	25	24	49
Admitted under Section 21, Lunacy Act, 1890 ...	54	73	127
Certified under Section 16, Lunacy Act, 1890 ...	2	11	13
Admitted as Voluntary Patients	10	20	30
Admitted as Temporary Patients	—	1	1
	91	129	220

Of these patients, 4, as explained above, had to be admitted to St. Lawrences Hospital, Bodmin, because there were no available beds at Moorhaven. One patient, on account of an additional physical disability, was admitted to Exminster Hospital.

In 28 cases reported for investigation no statutory action was taken.

4. *Mental Deficiency Acts:*

60 cases were ascertained as mental defectives during the year, 47 of them being subject to be dealt with under the Mental Deficiency Acts, 1913–38, viz:—

	Males	*Females*	*Total*
Cases reported by the Local Education Authority:			
Under Section 57/3 Education Act, 1944 ...	12	9	21
Under Section 57/5 Education Act, 1944 ...	13	6	19
Reported from other sources	3	4	7
Reported, but not subject to be dealt with ...	5	8	13
	33	27	60

These were dealt with as follows:

	Males	*Females*	*Total*
Placed under Statutory Supervision	28	17	45
Admitted to Institutions	—	2	2
Placed under Voluntary Supervision	3	5	8
No action taken	2	3	5
	33	27	60

15 cases were admitted to Institutions during the year, 65 ceased to be under care, and 10 died or left the district.

Cases for whom the Local Health Authority was responsible on 31st December, 1956, totalled 908, viz:—

	Males	*Females*	*Total*
Under Guardianship	2	4	6
Under Statutory Supervision	225	195	420
Under Voluntary Supervision	15	35	50
In Institutions	196	195	391
On licence from Institutions	32	9	41
	470	438	908

On 31st December, 1956, there were 31 cases waiting admission to Mental Deficiency Institutions. Of these, 24 were regarded as urgent.

Welfare Services

SENIOR WELFARE SERVICES OFFICER,
H. J. PATERNOSTER

Administration The Welfare Services Committee continues to operate as a separate Committee of the City Council, the administrative offices remaining for the time being at 13 Hill Park Crescent, until Ladywell House, a property near Seven Trees, has been adapted for office accommodation.

The Welfare Services Committee have a duty imposed on them under Part III of the National Assistance Act, 1948, to provide accommodation for those in need of care and attention, which is not otherwise available to them. There are further duties imposed regarding the Welfare of the Blind, and the Council also operates a scheme for the Welfare of Handicapped Persons. These and other duties under the Act are dealt with below.

Accommodation The homely atmosphere, which is so important, continues to exist in the Residential Homes, and the residents are encouraged to look upon each building as a "home" in its family sense, and to live there as members of one large family.

Accommodation provided under Part III of the National Assistance Act, 1948, includes four new small Homes, which have been opened since the Act came into operation, plus Wolseley Home.

The numbers in each Home are set out hereunder:—

	Part III Accommodation	*R.H.B. Accommodation*
Wolseley Home:—	108 males. 55 females	62 females.
"Glenfield"	27 females	
"Ingleside"	35 females	
"Brightside"	26 males	
"Lakeside"	36 mixed (consisting 18 females; 12 males and 3 married couples).	

Accommodation is at present being provided for 30 residents of both sexes at Gunnerside. The Home is administered by the Council of Social Service and the Welfare Services Committee is financially responsible. It is hoped to transfer the residents to Cross Park House, Hartley, before the end of the year, when the

Welfare Services Committee will become fully responsible. Accommodation at this new Home will be provided for 32 residents of both sexes. Admissions to Gunnerside are dealt with through the Welfare Services Administrative office.

The Welfare Services Committee pursuing its policy to obtain further accommodation, proposes to develop a site at Whitleigh for the provision of another new Residential Home for both sexes.

At Wolseley Home more improvements have taken place during the past year, and a modern Dining Hall together with a stage has been built and comfortably equipped. War damaged buildings have been demolished, and it is hoped in due course to provide attractive gardens and make a pleasant appearance for the residents and visitors to the Home. In addition, new office accommodation is being provided with a new entrance further along Wolseley Road, which will give a more direct approach to the building. A new Mortuary has also been planned on modern lines.

A Garden Party, which the residents of all Homes attended, was held at "Ingleside", and despite atrocious weather, was a great success, though it had to be held indoors. This gave the residents of all the Homes an opportunity of doing something for themselves, some manned stalls, others made or provided items for sale, and the entire proceeds were to be used for the sole benefit of the residents by the provision of amenities of their own choice. Relatives and others supported the event in many practical ways.

The Welfare Services Committee is also responsible for the maintenance of 27 residents at Torr Home for the Blind. A total of 13 Plymouth cases are in Part III Accommodation in Residential Homes in other parts of the country, viz.: Devon, Somerset, London and Wiltshire, and for which the Plymouth City Council is financially responsible.

Admissions and Applications

Admission to Homes are made by application to the Welfare Services Section of the Health and Welfare Department. The applications are received by Welfare Officers, who visit and ascertain whether there is eligibility for admission. The possession of means or otherwise, does not determine the issue; the primary factor is whether the person is in need of care and attention.

The following statistics show the number of applications dealt with by the Department during the year 1956:—

Admissions	87
Referred to Other Areas	25
Other Arrangements	167
Placed on Waiting List	105
TOTAL NO. APPLIED FOR ADMISSION	384

ADMISSIONS:—

	Females	*Males*
Wolseley Home	18	32
"Brightside"	–	4
"Glenfield"	7	–
"Lakeside"	5	4
"Ingleside"	3	–
"Gunnerside"	7	7
	40	47

Although the above figures reveal that more males than females were admitted to our Homes last year, we have a very steady demand for accommodation by elderly people with far more women on the waiting list than men. The number on the waiting list this year is double that of the information given in the Annual Report of the Department during the year 1955, and it is a growing problem which is becoming more serious each year. Quite naturally, many old people like to stay in their homes, especially if they are left a widow or widower, as long as they are able, and it is then, when application is made for Part III Accommodation that it becomes difficult to decide whether they are suitable for hospital or Part III Accommodation, particularly if they are very feeble.

Cases "Referred to other Areas" are those where application is made to us from persons outside this City. "Other Arrangements" include those cases which involve a tremendous amount of patient investigation work, and satisfactory arrangements for cases under this heading have been made with relatives or friends or by way of boarding-out, co-operation being maintained with the Council of Social Service in this latter respect.

Temporary Accommodation The Council has a duty under the Act to provide temporary accommodation for persons who are in urgent need thereof, providing the circumstances that are prevailing "could not have reasonably been foreseen", or according to the individual circumstances of the particular case. During the year 95 applications from families in a variety of circumstances have been dealt with. Accommodation is very limited, and we have only been able to provide for 15 families. The balance still require a great deal of investigation, some being dealt with by the Housing Department, Children Department and the Council of Social Service, while several cases have been persuaded to make other arrangements. Cases requiring temporary accommodation are often of the problem family type and have proven particularly difficult. Early in 1956, a Health Visitor was put on to this work with problem families with a view to the prevention of family break-up, and close co-operation is maintained with her.

Registration of Homes Under Section 37 of the National Assistance Act' 1948, all Old Persons' and Disabled Persons' Homes must be registered with the Local Authority. The under-mentioned Homes are so registered:—

St. Joseph's Home, Hartley ...	Accommodation	92 residents (mixed)
100 Salisbury Road	,,	5 residents
The Mount, Lipson	,,	32 females
"Rosemont", Wingfield Villas ...	,,	24 residents (mixed)
Gunnerside	,,	30 residents (mixed)
Torr Home for the Blind	,,	72 residents (mixed)

Visitation and inspection of these Homes are carried out periodically to ensure that conditions of registration are being observed.

Wayfarers Clarence House Reception Centre, Stonehouse, is administered by the Local Authority on behalf of the National Assistance Board, and at present accommodation is still provided for 80 male wayfarers. Every effort is made to obtain employment for the men, but during the winter months this is very difficult. The number admitted during the year was 1,743, the increase over last year probably accounted for by the fact that it is now the only Centre covering South Devon and Cornwall, and that more men hear of Plymouth reconstruction and come in search of employment. At Wolseley Home accommodation is provided for female wayfarers, but the numbers accommodated are negligible, and those admitted rarely stay more than one night.

Welfare of the Blind

Under Section 29 of the National Assistance Act, 1948, it is the duty of the Local Authority to make arrangements for promoting the welfare of blind persons, who are resident in this Area. During the year 1956, 40 persons were newly registered blind, and 7 as partially sighted.

At 31st December, 1956, there were 374 registered Blind Persons and 52 Partially Sighted Persons in Plymouth, and it will be observed from the table overleaf that over two-thirds of the registered blind are of the age of 60 and over.

There are three sighted Home Teachers for the Blind employed by the Plymouth City Council, who work from the office of the Welfare Services Section.

The Annual Outing, organised by the South Devon and Cornwall Institution for the Blind last year, took place at Exmouth, and over 300 people participated.

In addition, there were private outings arranged for the Handicraft Class and also the Social Club, for half-day outings.

The Welfare Services Committee and the Committees of the Blind Institution and Torr Home work in close liaison for the benefit of the Blind population of Plymouth.

WELFARE OF THE BLIND—REGISTRATION

Year ended 31st December, 1956

TABLE I—Age Periods of Registered Blind Persons

	0–5	5–10	11–15	16–20	21–30	31–39	40–49	50–59	60–64	65–69	70 and over	Total
M.	Nil	3	2	2	5	5	13	30	19	21	69	169
F.	Nil	2	–	1	6	4	18	29	19	17	109	205
T.	Nil	5	2	3	11	9	31	59	38	38	178	374

CIRCULAR 2/53

Follow-Up of Registered Blind and Partially Sighted Persons

	Cause of Disability			
	Cataract	*Glaucoma*	*Retrolental Fibroplasia*	*Others*
(*i*) Number of cases registered during the year in respect of which para. 7 (*c*) of Forms B.D.8 recommends :	14	6	–	20
(*a*) No treatment ...	4	1	–	13
(*b*) Treatment (medical surgical or optical)	10	5	–	7
(*c*) Educational ...	–	–	–	—
(*ii*) Number of cases at (*i*) (*b*) above which on follow-up action have received treatment	6	5	–	8

Ophthalmia Neonatorum

Total number notified in 1956	12
Number (*a*) vision lost	Nil
(*b*) vision impaired	Nil
(*c*) treatment continuing at the end of the year	Nil

Welfare of the Physically Handicapped, other than the Blind or Deaf and Dumb

The work of registration of disabled persons and the ascertainment of their needs continued during the year and a further 425 cases were contacted, giving a total of more than 1,300 cases contacted. Of this figure some 51 per cent are in full time employment and are not likely to need Welfare Services.

The greatest problem of the remainder is undoubtedly the lack of suitable employment. Many could do some form of light work, but are unable to find it in Plymouth.

The possibility of carrying out a Home Industry Scheme, as submitted by the Plymouth Council of Social Service, was investigated during the year, but due to the variety of difficulties experienced no action has as yet been taken.

Those disabled persons not capable of work under ordinary conditions can be helped by local authorities, either through sheltered workshops or by diversional home handicrafts.

A home handicraft scheme was commenced during the year and an Occupational Therapist appointed. The enthusiastic response to this scheme has shown that such a social service has been badly needed, particularly by the completely housebound. At present, 67 persons are doing home handicrafts, varying from leatherwork and basketry to tapestry work and moulding (in addition many elderly residents of the Old People's Residential Homes are being taught). More than £200 has been spent on materials, but by the sale of finished articles £138 has been recovered. The maker of each article sold receives the profit on the sale and small though this may be, the earning of it gives a real sense of achievement. Many articles have been purchased by relatives and friends of the disabled, and the Welfare Food Shop in Westwell Gardens has been used to provide a useful medium for the sale of articles. The expanding nature of this home handicraft service, however, necessitates the finding of other Centres. It is hoped that the display of articles in several Health Clinics will help in this respect.

If adequate supervision of the growing numbers of persons using the home handicraft service is to be given by the one Occupational Therapist, then an Occupational Centre for group teaching will soon be required.

The number of epileptic cases maintained in Colonies as far distant as Surrey, Bucks, Cheshire and Lancashire, was increased to 11 by the placing of two young men at the David Lewis Colony, near Manchester. The Plymouth City Council is also financially responsible for all these cases, and where possible the epileptics are allowed to go home on holiday at certain intervals, on the application of a relative.

It was necessary to find residential accommodation for two severely disabled men during the year. One aged 54 years, suffering from Arthritis, and the other aged 54 years, suffering from muscular atrophy. Places were found at the Cheshire Home for Disabled Persons at Marazion. Local Authorities are making increasing use of voluntary homes for disabled persons, throughout the country, particularly in specialized fields such as the Welfare of Spastics. One young man was last year placed in the Ponds Home for Spastics in Buckinghamshire and is making such good progress that he is to sit for the G.C.E. Examination this year.

In co-operation with the Ministry of Health Appliance Officer, adaptations were made at the homes of eight persons to permit the erection of storage sheds for invalid tricycles. The preparatory training committee for hospital patients has co-operated by providing home study materials for two young men keen to improve their knowledge.

The development of a comprehensive welfare service for disabled persons is necessarily limited by financial considerations, and the recommendations of the Piercey Committee Report on the Rehabilitation Training and Resettlement of Disabled Persons, that local authorities should be grant aided from Exchequer funds is therefore welcomed.

In Plymouth we are fortunate in having many Clubs and Associations for the benefit of handicapped persons, and in recognition of the services of the Disabled Fellowship Club in particular, the Welfare Services Committee continued their grant of £100 in aid of their club and activities. Many persons have been accepted as members of the Club on the Welfare Officer's recommendation.

Statistics Once again this year the Ministry of Health Annual Return of registered handicapped persons, who have received some form of advice and assistance, required only that an Age Group Analysis be submitted.

AGE GROUPS

Under 16		16–64		65 *and over*		TOTALS	
Male	Female	Male	Female	Male	Female	Male	Female
5	4	216	106	7	11	228	121
						349	

The above figures are incorporated in the total survey overleaf.

SURVEY OF HANDICAPPED PERSONS UP TO 31.12.1956

ANALYSIS OF DISABILITY CATEGORIES AND EMPLOYABILITY GROUPS

Disability Categories	*Employability Groups (see note below)* A		B		C		D		E		*Totals*
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A/E	36	4	7	1	1	–	30	15	–	–	94
F	46	3	6	–	3	7	39	32	–	–	136
G	35	6	4	1	1	2	5	8	1	–	63
H/L	147	5	7	1	16	4	71	19	–	–	270
Q/T	133	9	10	–	10	2	33	12	1	–	210
V	69	12	21	11	13	11	74	36	2	3	252
U/W	39	2	–	–	5	2	29	3	1	–	81
X	93	16	7	1	20	11	63	6	–	–	217
Y	17	9	–	–	3	–	6	4	–	1	40
	615	66	62	15	72	39	350	135	5	4	1363

Disability Category Coding:—

A/E—Amputation.

F—Arthritis and rheumatism.

G—Congenital malformations and deformities.

H/L—Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin.

Q/T—Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine.

V—Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.

U/W—Neuroses, psychoses and other nervous and mental disorders not included in V.

X—Tuberculosis (respiratory).

Y—Tuberculosis (non-respiratory).

Z—Diseases and injuries not specified above.

Employability Groups:

A—Handicapped persons (other than children) who though possibly needing training for some new occupation are capable of work under ordinary industrial conditions.

B—Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions but who are mobile and capable of work in sheltered workshops.

C—Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions and who are insufficiently mobile for work in sheltered workshops but who are capable of work at home.

D—Handicapped persons (other than children) who are incapable of, or not available for work.

E—Handicapped persons who are children under the age of 16 years and whose needs are likely to be met under other enactments but for whom the local authority have a general responsibility under Section 29 of the Act.

Welfare of the Deaf and Dumb The register is kept by the Department, but the work is carried on by the Plymouth and District Mission and Institute for the Deaf and Dumb.

AGE GROUPS

Under 16		16–64		65 *and over*		*Total*	
Male	Female	Male	Female	Male	Female	Male	Female
17	13	73	68	15	16	105	97
						202	

The Council make a grant of £300 to the Institute.

The Plymouth and District Hard of Hearing Social Club provide social activities for Hard of Hearing persons, and the Council make a Grant of £25.

Other welfare needs of such persons have been largely mitigated by the use of hearing aids, and where there is no additional disability the Social Club appears to satisfy the need.

NATIONAL ASSISTANCE ACTS, 1948 & 1951

REMOVAL OF PERSONS NEEDING CARE & ATTENTION

Out of the many requests for advice and assistance for aged persons during 1956, 41 (19 males, 26 females) were brought to special notice owing to the difficultes which were met in endeavouring to provide them with the care and attention needed. With the co-operation of the hospital authorities and general practitioners 14 were admitted voluntarily to hospital and 4 to Wolseley Home. Most of the others were assisted in various ways, usually by providing some assistance in the home but in 2 cases it was found impossible to make any satisfactory voluntary arrangements and application was made to the Magistrates for authority to remove the person concerned to a Home or Hospital.

ACTION UNDER NATIONAL ASSISTANCE ACT, 1948

An order was granted for the removal of an elderly widow living alone to a Home for a period of 3 months. Though still able to get about her confused mental state, with the additional handicap of deafness, rendered her incapable of managing her affairs or co-operation in the many attempts made to remedy the verminous and insanitary condition of her clothing and rooms.

ACTION UNDER NATIONAL ASSISTANCE ACTS, 1948 & 1951

Action was taken in the case of an elderly widow living alone. Since the death of her husband some months earlier she had become apathetic and made little attempt to feed herself and would accept no assistance in the home. Owing to her increasingly insanitary and undernourished condition, an order was obtained for her admission to hospital for a period of 3 weeks.

It was not found necessary to seek an extension of these orders.

Ambulance Service

Ambulance Officer: Mr. R. Sampson

Use of the Service. During the year there has been an increase of 4,701 in the number of Plymouth patients conveyed with a consequent increase in mileage of 11,020. By means of greater co-operation between Devon County Council's Ambulance Service and our own Service the number of patients carried on behalf of that Authority was reduced by 174 and the mileage by 2,691.

The following table indicates the steady rise in the number of Plymouth patients conveyed during the past five years:

Year	*In-Patient Admissions and Discharges*	*Out-patients*
1952	14,277	33,025
1953	14,495	35,915
1954	15,458	38,189
1955	16,001	40,009
1956	17,408	43,290

Vehicles. One ambulance which had become unfit for normal service was seconded for Civil Defence Training and another converted for use as a Breakdown Lorry. Two new ambulances were purchased and put into service during the year. The fleet now comprises 13 Ambulances, 4 Dual-Purpose vehicles and 2 Sitting Case cars.

Civil Defence One van for use as a Casualty Collecting Van was obtained early in the year. This, together with an Ambulance took part in a Re-inforcing exercise at Bristol in October. In December, a Locally Trained Civil Defence Instructors' Course was held for eight candidates and all were successful in passing the examination. A number of Volunteers have resigned for various reasons but fortunately, more have come along to fill the gaps and at present there are 108 holding a full First Aid Certificate.

Staff. The number of whole-time staff remained the same but there has unfortunately been a falling off of voluntary help. The Nursing Divisions of the St. John Ambulance Brigade have continued to render excellent service, especially in escorting patients by rail. The total number of hours of voluntary help given by the St. John Ambulance Brigade during the year was Men, 1,912; Women, 5,239.

1956

"A" ROAD JOURNEYS	PLYMOUTH	DEVON	CORNWALL	TOTAL
(*a*) Ordinary Removals	60,698	924	68	61,690
Mileage	214,275	24,331	2,433	241,039
(*b*) Accidents and Sudden Illnesses	3,154	—	—	3,154
Mileage	13,905	—	—	13,905
(*c*) Other Calls	1,252	—	—	1,252
Mileage	5,518	—	—	5,518
Total Mileage ...	233,698	24,331	2,433	260,462

"B" RAIL JOURNEYS ...	PLYMOUTH	DEVON	CORNWALL	TOTAL
	246	2	1	249

TABLE SHOWING TOTAL PATIENTS AND MILEAGE LAST FIVE YEARS

YEAR	PLYMOUTH		DEVON		CORNWALL		TOTAL	
	Patients	*Mileage*	*Patients*	*Mileage*	*Patients*	*Mileage*	*Patients*	*Mileage*
1952	50,000	205,650	1,103	28,781	41	1,716	51,144	236,147
1953	53,280	205,785	1,055	28,307	81	3,520	54,416	237,612
1954	56,568	208,119	1,049	27,306	52	1,990	57,669	237,415
1955	59,151	217,160	1,098	27,022	63	2,800	60,312	246,982
1956	63,852	228,180	924	24,331	68	2,433	64,844	254,944

Plymouth Port Health Authority

REPORT OF THE DEPUTY PORT MEDICAL OFFICER, DR. G. B. CARTER

General

This report is in the form and sequence prescribed for Annual Reports of Medical Officers of Port Health Authorities by the Ministry of Health, Form Port 20, dated October, 1952.

Where the entry "NO CHANGE" appears, this indicates that there has been no alteration in the information given in detail in the Report for 1955.

The tonnage of vessels which entered the port during the year was 2,616,853, as compared with 2,486,498 in 1955.

SECTION I—STAFF. TABLE A

Name of Officer	*Nature of appointment*	*Date of Appointment*	*Qualifications*	*Any other appointments held*
T. PEIRSON ...	Port Medical Officer	5.12.32	M.D., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health, City of Plymouth.
G. B. CARTER ...	Deputy Port Medical Officer	5.7.48	M.D., D.P.H. ...	Deputy Medical Officer of Health, City of Plymouth.
H. B. BOUCHER	Part-time Port Medical Officer	1.5.50	M.B., F.R.C.S., D.T.M. & H.	Assistant Medical Officer of Health, City of Plymouth.
A. S. KITT ...	Port Health & Food Inspector	3.2.47	Sanitary Inspector's Certificate. Meat and Other Foods Certificate.	—

Section II. Amount of Shipping entering the District during the Year

TABLE B

Ships from	*Number*	*Tonnage*	*Number inspected*		*Number of ships reported as having or having had during the voyage, infectious disease on board*
			By the Medical Officer of Health	*By the Public Health Inspector*	
Foreign Ports	739	1,943,043	149	498	13
Coastwise	1,081	673,810	—	723	—
Total	1,820	2,616,853	149	1,221	13

Section III—Character of Shipping and Trade During the Year

TABLE C

Passenger Traffic:

Number of passengers inwards ...	21,200
Number of passengers outwards ...	4,256

The total number of passengers remaining on board passenger carrying vessels entering the Port of Plymouth (exclusive of those shown above) was 40,400.

Cargo Traffic:

Principal Imports—

Foreign:

Fertilisers from Antwerp and Hamburg.
Phosphates from Sfax, Bona, Antwerp and Rouen.
Potash from Hamburg, Antwerp and Bremen.
Basic slag from Rouen and Dunkirk.
Onions from Roscoff and Rotterdam.
Fresh fruit from Holland and France.
Preserved meat from Holland.
Potatoes from Treguier.
General foodstuffs from Holland.
Timber from Vancouver, Gothenburg, Kotka and Kemi.
Grain from Vancouver, Antwerp and Rouen.
Oyster shells from Frederikssund.
Fuel oil from Curacao and Trinidad.
Coal from Rouen, Dunkirk and Rotterdam.

Coastal:

Basic slag from Grimsby.

Coal from South Wales and North-East Ports.

Vaporising oil, gas oil, Petrol, Kerosene and Paraffin from Fawley, Hamble and Swansea.

Motor oil and Fuel oil from Hamble, Avonmouth, Thameshaven and Fawley.

Fertilisers and Phosphates from Middlesbrough, London and Immingham.

Cement and Asphalt from London.

Grain from Avonmouth, Newport (I. o.W.) and Cardiff.

Potatoes from Belfast, Londonderry, Kilkeel and Dundrum.

Fish from deep sea fishing grounds.

Margarine, cooking fats, syrup, tinned fruit, flour, biscuits, tinned vegetables, sugar and cheese from Liverpool.

Principal Exports—

China clay and Granite chippings.

Principal Ports from which ships arrive:

Asia and Australasia.	*Europe.*	*America.*	*Africa.*
Hong Kong	Amsterdam	Buenos Aires	Beira
Rangoon	Antwerp	Curacao	Cape Town
Wellington (N.Z.)	Bayonne	Kingston (Ja.)	Casablanca
Brisbane	Bergen	New York	Sfax
Abadan	Bremen	Philadelphia	Takoradi
Bombay	Brest	Valparaiso	
	Calais		
	Delfayl		
	Gibraltar		
	Gothenburg		
	Kotka		
	Kiel		
	Le Havre		
	Rotterdam		
	Rouen		
	St. Malo		
	Odansk		

SECTION IV—INLAND BARGE TRAFFIC

There is no inland barge traffic at the Port.

SECTION V—WATER SUPPLY

NO CHANGE

SECTION VI—PUBLIC HEALTH (SHIPS) REGULATIONS, 1952

Paragraph (1)—A list of seaports and airports in which a confirmed or suspected quarantinable disease has occurred, is supplied weekly by the World Health Organisation, Geneva. Copies are typed and sent to the Chief Pilot, H.M. Customs, and to all the boarding Medical Officers.

Paragraphs (2), (3), (4) and (5)—NO CHANGE.

SECTION VII—SMALLPOX

(1) *Isolation Hospitals available.*

The first case or cases would be admitted to the Smallpox Hospital, Liskeard, Cornwall (Telephone: Liskeard 2385) staffed from the Scott Isolation Hospital, Beacon Park Road, Plymouth (Telephone: Plymouth 64311 and 61437. Physician-Superintendent: Dr. D. F. Johnstone).

Should it appear likely that more extensive accommodation would be required, arrangements would be made for the Lee Mill Smallpox Hospital, at present used for convalescent orthopaedic cases, to be re-opened as a Smallpox Hospital.

(2) *Arrangements for the transport of cases to hospital.*

The launch *Argus* of the Plymouth Port Health Authority based at Millbay Docks, Plymouth (Telephone: Plymouth 62821, Ext. 245 by day, and Plymouth 61441 at night and week-ends) is available to transport cases from ship to shore. Ambulances of the Plymouth City Council's Ambulance Service (Telephone: Plymouth 64101) are available to transport cases to hospital.

The crew were re-vaccinated in March, 1956.

(3) *Smallpox Consultants.*

Plymouth and Cornwall:	Dr. D. F. Johnstone, Scott Isolation Hospital, Beacon Park Road, Plymouth. Telephone: Plymouth 64311, 61437 and 63358.
Devon and Cornwall:	Dr. W. A. Lister, 7 The Crescent, Plymouth. Telephone: Plymouth 65701 and Devonport 40.
Devon and Cornwall:	Dr. C. Seward, 20 West Southernhay, Exeter. Telephone: Exeter 2110 and Exmouth 4120.

(4) *Facilities for the Laboratory Diagnosis of Smallpox.*

Materials for the collection of specimens from suspected cases are always available at the Port Health Office, Plymouth. Specimens would be forwarded to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, London, N.W.9.

SECTION VIII—VENEREAL DISEASE

Location of facilities for the diagnosis and treatment of venereal disease, and days and hours of attendance.

NO CHANGE

During the year, 53 British and 22 Foreign seamen (Total 75) were treated at the Venereal Diseases Clinic.

The Nationalities were as follows:—

British	53	Danish	1
South African	8	Finnish	1
Dutch	4	German	1
Spanish	3	Moslem	1
Latvian	2	Swedish	1

SECTION IX—CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES, ON SHIPS

TABLE D

Category	*Disease*	*Number of cases during the year*		*Number of ships concerned*
		Passengers	*Crew*	
Cases landed from ships from foreign ports	Mumps	2	–	2
	Pneumonia ...	–	1	1
Cases which have occurred on ships from foreign ports, but have been disposed of before arrival	Chicken-pox ...	5	1	5
	Measles	1	–	1
	Pneumonia ...	1	1	2
	Para-typhoid ...	–	1	1
	Tuberculosis ...	1	–	1
Cases landed from other ships	—	—	—	—

SECTION X—OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

There were no cases of malaria brought to notice in ships arriving at Plymouth during the year.

SECTION XI—MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No plague infected or suspected ships entered the Port during the year.

SECTION XII—MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

(1) All ships arriving at the various wharves are boarded by the Port Health Inspector and Rodent Operator. Enquiries are made of the officers and crew as to evidence of rat infestation. Foremen Stevedores are also questioned as to the presence of rats. Where rat infestation is found, trapping or poisoning is carried out by the Rodent Operator.

(2) All rats caught are destroyed, and specimens submitted to the Public Health Laboratory, South Devon & East Cornwall Hospital, Greenbank, Plymouth.

(3) Deratting of ships is carried out by fumigation with hydrocyanic acid gas. These fumigations are carried out by private firms under the supervision of the Port Health Authority.

The names of Commercial Contractors who have carried out the fumigation of vessels at this Port are:—

1. Fumigation Services Ltd., Barking, Essex.
2. London Fumigation Co., London, E.C.3.

Small infestations are dealt with by the Local Authority's Rodent Operator, using "Warfarin".

It is pleasing to note that rat-proofing principles have been adopted in the construction of new vessels.

TABLE E

Rodents destroyed during the year in ships from foreign ports.

NIL

Rodents destroyed in docks, quays, wharves and warehouses.

Category	*Number*
Black rats	35
Brown rats	215
Sent for examination	—
Infected with Plague	—

Number of mice destroyed by poisoning 120

TABLE F

DERATTING CERTIFICATES AND DERATTING EXEMPTION CERTIFICATES ISSUED DURING THE YEAR FOR SHIPS FROM FOREIGN PORTS

No. of Deratting Certificates issued					*Number of Deratting Exemption Certificates issued*	*Total Certificates issued*
After fumigation with		*After trapping*	*After poisoning*	*Total*		
HCN	*Other fumigant (state method)*					
–	–	–	–	–	34	34

Prevention of Damage by Pests Act, 1949 (*Application to Shipping*) *Order,* 1951

No Rodent Control Certificates were issued to coastal vessels during the year.

The majority of vessels entering the port, carried a Deratting Exemption Certificate.

SECTION XIII. INSPECTION OF SHIPS FOR NUISANCES

TABLE G

INSPECTIONS AND NOTICES

Nature and Number of Inspections	*Notices served*		*Result of serving Notices*
	Statutory Notices	*Other Notices*	*Complied with*
1,221 vessels	—	12	10

SECTION XIV—PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 AND 1948

NO CHANGE

SECTION XV—MEDICAL INSPECTION OF ALIENS

Paragraphs (1), (2) and (3)—NO CHANGE.

Paragraph (4)—During the year, the number of incoming aliens was 8,286. The number of outgoing aliens was 781.

Paragraph (5)—NO CHANGE.

SECTION XVI—MISCELLANEOUS

Arrangements for the burial on shore of persons who have died on board ship from infectious disease.

NO CHANGE

Infectious Diseases.

No major infectious disease occurred within the area of the Authority during 1956.

Cases landed at the Port:

1. 26th February. The master of the dutch vessel *Jan de Vries* was landed, suffering from pneumonia, and admitted to the South Devon & East Cornwall Hospital, Greenbank, Plymouth.
2. 14th March. One Jamaican passenger, suffering from mumps, was landed from the S.S. *Colombie,* and admitted to the Scott Isolation Hospital, Beacon Park Road, Plymouth.
3. 27th June. One American passenger, suffering from mumps, was landed from the S.S. *Liberte,* and admitted to the Scott Isolation Hospital, Beacon Park Road, Plymouth.

Cases of non-infectious disease were dealt with as follows:—

1. 21st February. One of the crew of the Norwegian vessel *Venus* was landed, suffering from heart disease, and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.
2. 21st February. One of the crew of the Dutch vessel, *Prins Willem Van Oranje* was landed, suffering from an injured thumb, and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.
3. 11th March. One of the crew of the Dutch vessel, *Coote* was landed, suffering from a dental abscess, and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.
4. 9th April. One of the crew of the British vessel *Recorder* was landed, suffering from acute intestinal obstruction, and admitted to the South Devon & East Cornwall Hospital, Devonport.
5. 12th April. One American passenger, suffering from gastritis, was landed from the S.S. *Liberte,* and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.
6. 30th April. The master of the British vessel *Balsa* was landed, suffering from heart disease, and admitted to the South Devon & East Cornwall Hospital, Greenbank, Plymouth.

7. 26th May. One American passenger, suffering from concussion, of the brain, was landed from the S.S. *Italia*, and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.
8. 13th June. The master of the American vessel *American Jurist* was landed, suffering from asthma and cardiac insufficiency, and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.
9. 16th June. One of the crew of the Colombian vessel *Cuidad De Cucuta* was landed, suffering from appendicitis, and admitted to the South Devon & East Cornwall Hospital, Greenbank, Plymouth.
10. 17th June. One of the crew of the Dutch vessel *Theano* was landed, suffering from a stroke, and admitted to the South Devon & East Cornwall Hospital, Greenbank, Plymouth.
11. 10th August. One American passenger, suffering from Arteriosclerosis, was landed from the S.S. *Liberte*, and admitted to the South Devon & East Cornwall Hospital, Greenbank, Plymouth.
12. 12th August. One of the crew of the Swedish vessel *Craculus* was landed, suffering from acute appendicitis, and admitted to the South Devon & East Cornwall Hospital, Greenbank, Plymouth.
13. 14th September. One British passenger, suffering from abscess of the stomach, was landed from the S.S. *Colombie*, and admitted to the South Devon & East Cornwall Hospital, Greenbank, Plymouth.
14. 26th September. One British passenger, suffering from acute tonsillitis, was landed from the S.S. *Antilles*, and proceeded by car to his home address in Henley.
15. 4th October. One British passenger, suffering from heart disease, was landed from the *City of Durban*, and admitted to the South Devon & East Cornwall Hospital, Greenbank, Plymouth.
16. 4th October. One of the crew of the French fishing vessel *Pretaine* was landed, suffering from a tonsil abscess, and admitted to the Scott Isolation Hospital, Beacon Park Road, Plymouth.

17. 8th October. One of the crew of the Norwegian vessel *Hassel* was landed, suffering from a perforated appendix and peritonitis, and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.

18. 9th October. One of the crew of the Norwegian vessel *Lancelot* was landed, suffering from haematemesis, and admitted to the South Devon & East Cornwall Hospital, Greenbank, Plymouth.

19. 26th November. One British passenger, suffering from Cerebral Haemorrhage, was landed from the S.S. *Irpinia* and proceeded by car to Bournemouth.

Food Inspection.

During the year 309 vessels were dealt with under the Public Health (Imported Food) Regulations, 1937 and 1948.

There were 168 from foreign ports, and 141 coastwise.

The total amount of foodstuffs voluntarily surrendered and condemned as unsound, unwholesome and unfit for human consumption consisted of:—

81 tins of apples	4 cwts.	2 qrs.	22 lbs.
17 cartons of cheese	1 cwt.	3 qrs.	8 lbs.
20 tins of tomato puree ...		3 qrs.	16 lbs.
Total	7 cwts.	1 qr.	18 lbs.

No action was taken under the Public Health (Imported Milk) Regulations, 1926, and the Public Health (Preservatives, etc., in Food) Regulations, 1925–1948.

The following specimens were submitted to the Public Health Laboratory, Greenbank, Plymouth, for examination:—

Nature of Specimen	*From*	*Examined for*	*Result*
Oysters ...	Mr. Kingcome, Yealm Oyster Fisheries	B. Coli	No faecal coli isolated
Drinking water	Water boat "Ena"	B. Coli	B. Coli—8 per 100 ml. No faecal coli per 100 ml.

School Health Service

REPORT OF THE SENIOR MEDICAL OFFICER: DR. T. H. HARRISON

As in the previous four years, children in five age groups in the ordinary schools and all in the day special schools were medically inspected. The total number inspected was 53% of those on the registers at the beginning of the year.

The physical condition of 99.8% of the children was satisfactory and the 0.2% unsatisfactory (34 children) were specially followed up regarding home conditions and diet at home, and milk and meals at school.

The average percentage of children requiring treatment for all defects except defective vision was 18.9%, falling from 21.9% for entrants to 15.8% for leavers. For defective vision only, the average percentage of children requiring treatment was 7.6%, rising from 3.0% for entrants to 11.8% for leavers.

There was no improvement in cleanliness compared with the previous two years and 2.4% of the children were found to be verminous in some degree during the year.

At the school clinics rather more children were treated for miscellaneous minor ailments than in the previous two years, although less than in 1953, but less children were given ultra violet light treatment.

There was an increase of 46% in the number of children between 13 and 14 years of age who were vaccinated with B.C.G., compared with 1955, and in contrast a decrease of 23% in the number dealt with for diphtheria immunisation, the decrease being mainly for reinforcing doses for those immunised previously.

The sending of reports by the School Medical Officers to family doctors on children found to have defects at the time of their final examination before leaving school, commenced in 1955, was continued and the arrangements extended to include all children with any defect, including defective vision, irrespective of whether or not the family doctors were believed to be aware of the defects. The family doctors also were informed whenever children were recommended for admission to special schools and as in previous years before reference to consultants.

Co-operation from the Hospital Consultants varied from full co-operation from some Consultants who sent reports on all children seen and invited the School Medical Officers to attend their Out-Patient clinics to refusal by other Consultants to give any information in cases where children had not been referred to them by the School Medical Officers.

All schools were visited by the dental officers once during the year and all children in attendance at the time of their visits inspected. More children were found to have been treated by private dentists but some selection still had to be exercised in offering treatment to children requiring fillings, although all children requiring extractions were offered treatment and more extractions were done than in 1955.

The erection of the new combined Maternity and Child Welfare and School Health Service Clinic at Stonehouse, to replace the two old existing separate clinics in the area, was postponed until the 1957–58 financial year. Consideration was given during the year to the transfer of the Child Guidance Clinic to premises with more accommodation as soon as opportunity offered. At the end of the year the plans for the new Open Air School buildings at Derriford, to replace the existing Open Air School at Efford, were under preparation by the architects.

Staff There were no changes during the year in the medical or dental staffs. The time given by medical officers to the service was equivalent to 3.9 whole-time medical officers throughout the year, compared with 3.6 in 1955 and 3.8 in 1954, and that of the dental officers to 4.6 whole-time dental officers, the same as in 1955 and 1954.

Ten whole-time school nurses were employed throughout the year. Nurse B. A. Hendy, S.R.N., resigned in August and was replaced by Nurse N. V. Williams, S.R.N., H.V. CERT., to make a total of three school nurses holding a Health Visitor's Certificate.

There were no changes in the remainder of the staff.

Medical Inspection

The detailed figures relating to medical inspection are given in Tables 1A, 1B, 1C, 1D, and 3 at the end of this report.

TABLE 1A.—*Number of periodic medical inspections.* The total of 17,147 children medically examined at the periodic medical inspections compares with 16,686 in 1955 and 14,733 in 1954. At the end of the year the programme had got somewhat ahead of schedule, most of the children in the 9–10 years age group, due to be examined at the beginning of 1957 having just been seen. This will result in few children in this age group being examined in 1957.

Children in five age groups in the ordinary schools were given a periodic medical inspection during the year. The Ministry of Education's regulations require a minimum of three medical inspections during a child's school life and the Ministry has suggested that authorities might like to seek their approval to experiment with fewer than three inspections, the medical officers using the time saved to make regular visits to all schools, once a term or so, to see only those children about whom their teachers or parents required any special advice. In view of the numbers of defects found requiring treatment in children in all five age groups, only 20.6% of which were found to be under treatment, and the opportunity available to teachers and parents to refer children to the nine weekly medical officer's sessions at the school clinics, it seems inadvisable at present in Plymouth to reduce the number of medical inspections.

The following table gives the numbers of each defect found requiring treatment, with the numbers already under treatment for each age group inspected during the year:—

Number of Defects Found Requiring Treatment, with Number Already Under Treatment, at Periodic Medical Inspections 1956

Defect or Disease	*Entrants* 5–6 *years*		7–8 *Age Group*		9–10 *Age Group*		12–13 *Age Group*		14–15 *Age Group*		*Pupils at Special Schools*		*Totals*	
*	*R.T.*	*U.T.*	*R.T.*	*U.T.*	*R.T.*	*U.T.*	*R.T.*	*U.T.*	*R.T.*	*U.T.*	*R.T.*	*U.T.*	*R.T.*	*U.T.*
Skin	105	42	86	19	96	20	167	30	126	25	9	3	589	139
Eyes—														
(*a*) Vision	96	34	180	57	221	55	415	57	371	53	23	—	1,406	256
(*b*) Squint	79	53	65	40	65	22	72	24	56	12	6	—	343	151
(*c*) Other	22	6	26	5	30	7	35	3	15	—	2	—	130	21
Ears—														
(*a*) Hearing	6	2	12	2	9	2	11	1	8	—	1	—	47	7
(*b*) Otitis M ...	18	15	14	2	21	2	31	5	23	1	1	—	108	25
(*c*) Other	22	7	14	—	19	3	15	—	7	—	2	—	79	10
Nose and Throat ...	196	52	152	43	83	11	56	6	27	9	4	—	518	121
Speech	31	1	17	—	11	—	4	—	4	—	8	—	75	1
Lymphatic Glands ...	7	—	5	1	2	1	1	—	1	—	—	—	16	2
Heart	2	—	5	—	2	1	7	—	10	2	—	—	26	3
Lungs	68	31	23	9	33	8	38	10	18	3	—	—	180	61
Developmental—														
(*a*) Hernia	6	—	4	—	6	—	6	—	1	—	—	—	23	—
(*b*) Other	2	—	6	—	9	—	13	—	8	1	1	—	39	1
Orthopaedic—														
(*a*) Posture	30	—	68	—	70	—	117	4	75	1	1	—	361	5
(*b*) Feet	55	3	49	—	50	4	75	1	36	—	3	—	268	8
(*c*) Other	50	25	33	23	44	16	69	4	55	9	5	2	256	79
Nervous System—														
(*a*) Epilepsy ...	7	6	11	2	9	3	12	3	5	3	5	—	49	17
(*b*) Other	3	1	3	1	3	1	—	—	2	1	1	—	12	4
Psychological—														
(*a*) Development ...	3	—	2	—	5	—	1	—	—	—	—	—	11	—
(*b*) Stability ...	20	4	25	5	19	7	17	2	10	1	2	—	93	19
Other	55	21	33	15	64	12	106	12	47	7	4	—	309	67
TOTALS ...	883	303	833	224	871	175	1,268	162	905	128	78	5	4,838	997
Percentage of defects under treatment	34.3		26.8		20		12.7		14.1		6.4		20.6	

* R.T.—Requiring treatment. U.T.—Already under treatment.

TABLE 1B.—*Number of other medical inspections.* The number of special inspections is the total of all the other medical inspections carried out, except reinspections of the same child during the year, and includes those of children seen by the medical officers at ordinary school clinics, for ascertainment as handicapped pupils, fitness for swimming, employment after school hours, and at Children's Homes, etc. The total of 6,350 compares with 6,220 in 1955 and 6,439 in 1954.

Swimmers. The names of 5,840 children were submitted by Head Teachers for decision regarding their fitness to take part in swimming instruction at school. The medical records of all these children were inspected and all the children were examined by the school nurses and a total of 1,447 children referred for examination by the School Medical Officers.

Of these, 29 were found to be unfit to take part in swimming instruction during the year and 63 temporarily unfit until treated, as follows:—

FITNESS FOR SWIMMING INSTRUCTION, 1956

	Permanently Unfit during 1956 season	*Temporarily Unfi until treated*
Ear defects	18	2
Plantar Warts ...	–	55
Epilepsy	5	–
Skin diseases ...	2	6
Chest disease ...	3	–
Nephritis	1	–
TOTALS ...	29	63

Employment outside school hours. A total of 282 children was medically examined by the School Medical Officers for fitness for employment, as follows:—

FITNESS FOR EMPLOYMENT OUTSIDE SCHOOL HOURS, 1956

	Number examined by School Medical Officers
For fitness for newspaper delivery...	249 boys 18 girls
For fitness for dancing troupe (pantomime)	15 girls
TOTAL ...	282

TABLE 1C.—*Number of children found to require treatment.* The percentage of children found at the periodic medical inspections to require treatment was slightly higher than in 1955, both for defective vision and for all other defects, the figures for the last three years being, as follows:—

PERCENTAGE OF CHILDREN REQUIRING TREATMENT

	For defective vision	For all other defects
1956	7.6	18.9
1955	6.9	17.2
1954	4.6	18.0

TABLE 1D.—*Classification of the physical condition of the children.* Only 0.2% of the children seen at the periodic medical inspection were found to be in an unsatisfactory physical condition. This compares with 0.4% in 1955 and 0.95% in 1954.

In 1949 the percentage was 6.6% and it has decreased gradually year by year since then to its present figure. The reasons for the improvement are a matter of opinion but it seems reasonable to believe that the various Local Authority services, ranging from the Maternity and Child Welfare, School Health and other local health services to the provision of school meals and milk, new schools and better housing accommodation, and the work of the National Health general practitioner and hospital services, children's allowances and the generally improved social conditions of the majority of the population must have contributed to it.

TABLE 3.—*Numbers of defects found.* The total number of defects found requiring treatment per 1,000 children medically inspected at the periodic medical inspections was higher than in 1955 or 1954, the figures being as follows:—

TOTAL NUMBER OF DEFECTS REQUIRING TREATMENT
PER 1,000 CHILDREN MEDICALLY INSPECTED

1956	282
1955	261
1954	262

For each age group the total numbers of defects requiring treatment per 1,000 children inspected for defective vision only and for all other defects are as follows:—

NUMBER OF DEFECTS REQUIRING TREATMENT
PER 1,000 CHILDREN INSPECTED, 1956

	Defective vision	All other defects	Total
Entrants	30	247	277
7 8 age group	60	218	278
9–10 age group	64	188	252
12–13 age group	103	211	314
14–15 age group	118	170	288
Pupils at Special Schools ...	73	174	247

Whilst the total numbers of defects found requiring treatment are higher in the 12–13 and 14–15 years age groups than in the younger age groups the higher figures are due to the increased numbers in the older groups who had defective vision. For all other defects the numbers are less in the older age groups than in the younger groups and in general less with each succeeding higher age group, with one exception, viz. the 12–13 age group. In this group the figures are higher than in the 9–10 age group and the increase is mainly due to the increased numbers of children found requiring treatment for postural orthopaedic defects.

Otitis Media and Defective Hearing. Special attention was paid by the medical officers to the children's ears, and children in all the age groups were examined with an auriscope and the hearing acuity of each ear tested. In addition enquiry was made for any previous history of otitis media. In spite of the special attention paid, the percentage of children found requiring treatment for otitis media was only 0.61, compared with 0.66 in 1955, and the percentage requiring observation 0.75, compared with 0.80 in 1955.

The percentage of otitis media cases with defective hearing was 44.4% compared with 55.5% in 1955.

For defective hearing whether or not related to otitis media the percentage of children requiring treatment or observation was 1.4% in 1956.

The detailed figures for boys and girls with otitis media in the various age groups, their social class according to the Registrar General's classification of the occupations of their fathers, and the numbers of otitis media cases with defective hearing are given in the following tables:—

Cases of Otitis Media, 1956

	Number of children inspected	*Boys*		*Girls*		*Totals*		*Percentages*		*Total with Otitis Media*	*Total percentage with Otitis Media*
		R.T.	*R.O.*	*R.T.*	*R.O.*	*R.T.*	*R.O.*	*R.T.*	*R.O.*		
Entrants to Primary Schools ...	3,190	9	6	8	10	17	16	0.53	0.5	33	1.03
7–8 age group	2,999	7	15	7	14	14	29	0.46	0.96	43	1.43
9–10 age group	3,461	6	14	14	4	20	18	0.57	0.52	38	1.0
12–13 age group	4,046	18	20	14	15	32	35	0.79	0.86	67	1.6
14–15 age group	3,134	16	14	5	6	21	20	0.66	0.63	41	1.3
Pupils at Special Schools	317	1	7	–	4	1	11	0.31	3.4	12	3.7
TOTALS ...	17,147	57	76	48	53	105	129	0.61	0.75	234	1.36

R.T.—Requiring treatment. R.O.—Requiring observation.

Social Class of Children with Otitis Media, 1956

Registrar General's Social Class	*Number of children with otitis media in each class*			*Percentage of children with otitis media in each class*	*Registrar General's Percentage of each Social Class in the City*
	Boys	*Girls*	*Total*		
I	1	1	2	0.9	3.4
II	3	3	6	2.7	8.5
III	87	65	152	67.8	62.2
IV	11	18	29	13.0	8.7
V	22	13	35	15.6	17.2
TOTALS ...	124	100	224	100	100

CASES OF OTITIS MEDIA WITH DEFECTIVE HEARING, 1956

	Defective hearing requiring treatment		*Defective hearing requiring observation*		*Total with defective hearing*		*Total with Otitis Media*		*Percentage with defective hearing*	
	Boys	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*
Entrants to Primary Schools ...	7	4	2	4	9	8	15	18	60.0	44.4
7–8 age group	5	1	11	9	16	10	22	21	72.7	47.6
9–10 age group	2	3	5	1	7	4	20	18	35.0	22.2
12–13 age group	7	8	5	7	12	15	38	29	31.6	51.7
14–15 age group	10	3	7	2	17	5	30	11	56.7	45.5
Pupils at Special Schools ...	–	–	1	–	1	–	8	4	12.5	0.0
TOTALS	31	19	31	23	62	42	133	101	46.6	41.6

Tonsillectomy. During the year the medical officers made a note on the medical record cards of all the children they examined at the periodic medical inspections in cases where they had undergone tonsillectomy at any time previosly.

The numbers of boys and girls inspected in each age group, with the numbers and percentages of those found to have undergone tonsillectomy are as follows:—

CHILDREN EXAMINED AT PERIODIC MEDICAL INSPECTIONS IN 1956 WHO HAD UNDERGONE TONSILLECTOMY AT ANY TIME PREVIOUSLY

	Number of children inspected		*Number of children inspected who had undergone tonsillectomy*					
	Boys	*Girls*	*Boys*	%	*Girls*	%	*Total*	%
Entrants	1,627	1,563	26	1.59	20	1.27	46	1.44
7–8 age group ...	1,529	1,470	62	4.05	63	4.28	125	4.16
9–10 age group ...	1,765	1,696	103	5.83	98	5.77	201	5.80
12–13 age group ...	2,063	1,983	151	7.31	164	8.27	315	7.78
14–15 age group	1,598	1,536	117	7.32	213	13.86	330	10.52
Pupils at Special Schools	205	112	7	3.41	–	–	7	2.20
TOTALS ...	8,787	8,360	466	5.30	558	6.67	1,024	5.97

Attendance of parents at periodic medical inspections. Parents were present at the periodic medical inspections in the case of 68.8% of the children examined, on the average for all groups, their attendance varying from 80.6% for entrants to 31.5% for children in attendance at the special schools who are examined annually. For the 12–13 years group the percentage of parents attending was only 45.8% but for the 14–15 group 70.3%.

The number of parents attending indicates their interest in the health of their children and thanks are due to the Head Teachers for their co-operation in the arrangements for medical inspection and particularly for making the individual appointments for the children and sending out the invitations to their parents.

The percentages of parents who attended for the various groups are as follows:—

PERCENTAGE OF PARENTS PRESENT AT PERIODIC MEDICAL INSPECTION, 1956

	Percentage of parents present
Entrants	80.6
7–8 years age group	78.3
9–10 years age group	73.1
12–13 years age group	45.8
Leavers (14–15 years)	70.3
Pupils at Special Schools	31.5
AVERAGE ...	68.8%

Reports to family doctors on children found to have defects at their final medical inspection before leaving school. Reports were sent to family doctors in the case of 561 children who were found to have defects at their final medical inspection before leaving school. The figures for 1956 and 1955, when the scheme was commenced, are as follows:—

REPORTS TO FAMILY DOCTORS

	Number of children medically inspected as school leavers	*Number of reports sent to family doctors*	*Percentage of children for whom reports were sent*
1955 ...	2,168	23	1.1
1956 ...	3,134	561	17.9

In 1956 reports were sent in all cases where children had any defect, including defective vision, irrespective of whether or not the family doctors were known to be aware of the defects.

Handicapped Children The number of children newly ascertained as handicapped pupils requiring special educational treatment in special schools was 101, the numbers in the various categories being given in the table below. The number compares with 98 in 1955 and 102 in 1954.

In addition, 69 children were newly ascertained as requiring special educational treatment as educationally subnormal pupils in ordinary schools, compared with 60 in 1955 and 80 in 1954.

Eleven children were ascertained to be so physically handicapped as to be unfit to attend any school and to require tuition at home, compared with 13 in 1955 and 14 in 1954.

Twenty-one children were ascertained to be ineducable at school, compared with 20 in 1955 and 16 in 1954, and 17 children were reported to require supervision by the Local Health Authority after leaving school, compared with 27 in 1955 and 31 in 1954.

CHILDREN NEWLY ASCERTAINED IN 1956
AS REQUIRING EDUCATION IN SPECIAL SCHOOLS

1. Blind	1
2. Partially Sighted	—
3. Deaf	1
4. Partially Deaf	1
5. Delicate	22
6. Physically Handicapped	21
7. Educationally Sub-normal ...	45
8. Maladjusted	7
9. Epileptic	3
TOTAL ...	101

Ninety-eight children who had been ascertained to be handicapped pupils requiring education in special schools were newly placed in special schools, but on the 31st January, 1957, there were 67 children still requiring places in day special schools for educationally subnormal pupils, although in the cases of 44 of them their parents had refused consent to their admission to such a school.

Apart from educationally subnormal pupils, of whom there were also 3 still requiring places in boarding special schools on the 31st January, 1957, no particular difficulty was experienced during the year in the provision of special educational treatment for handicapped pupils and only three other recently ascertained pupils, two physically handicapped and one maladjusted, were awaiting places in special schools on the 31st January, 1957, one of the physically handicapped pupils being under the age of 5 years.

The following table gives the number of handicapped children in the various categories who were on the registers of special schools on the 31st January, 1957:—

NUMBERS OF HANDICAPPED CHILDREN ON THE REGISTERS OF SPECIAL SCHOOLS ON THE 31ST JANUARY, 1957

	Day Special Schools	*Boarding Special Schools*	*Total*
1. Blind	—	6	6
2. Partially Sighted	—	4	4
3. Deaf	11	2	13
4. Partially Deaf	14	1	15
5. Delicate	59	2	61
6. Physically Handicapped ...	44	11	55
7. Educationally Subnormal ...	303	4	307
8. Maladjusted	—	13	13
9. Epileptic	—	5	5
TOTALS ...	431	48	479

In addition 38 children were on the registers of hospital special schools on the 31st January, 1957, and 10 other children were being educated in hospitals.

Range of Intelligence Quotients of Children in the Day Special Schools for Educationally Subnormal Pupils. During the Spring Term a review of the intelligence quotients of the children on the registers of the Day Special Schools for Educationally Subnormal Pupils was carried out and the following is a summary of the information obtained:—

WOLSDON STREET DAY SPECIAL SCHOOL—SENIOR BOYS

I.Q.	*Number of Boys*	*Age Range*
Less than 50 ...	0	—
50–60	16	10 5/12 to 15 10/12 years
61–70	75	10 7/12 to 15 11/12 years
71–80	68	10 11/12 to 16 years
More than 80 ...	3	12 4/12 to 14 5/12 years
	162	

MOUNT TAMAR DAY SPECIAL SCHOOL—JUNIOR MIXED & SENIOR GIRLS

A. BOYS

I.Q.	*Number of Boys*	*Age Range*
Less than 50 ...	2	8–9 years
50–60	7	5–9 years
61–70	25	6–10 years
71–80	8	8–10 years
More than 80 ...	0	
	42	

B. GIRLS

I.Q.	*Number of Girls*	*Age Range*
Less than 50 ...	1	6 years
50–60	24	6–15 years
61–70	56	7–15 years
71–80	15	7–14 years
More than 80 ...	0	
Awaiting assessment	3	6–10 years
	99	

Cleanliness No improvement was found in the cleanliness of the children. From 1946 to 1952 the percentage of children found to be verminous in some degree dropped continuously every year from 13.2% in 1946 to 2.9% in 1952, but in 1953 it rose slightly to 3.2%. It dropped again in 1954 to 2.5% and in 1955 to 2.3% but the 1956 figure of 2.4% shows that there has been virtually no change in the last three years.

The work of the school nurses in making frequent cleanliness inspections of all the children in the schools and ascertaining those who are infested and dealing with them has continued unaltered since 1946 and it is obvious that this work will have to be continued as frequently as at present for the time being. The further reduction which is necessary will depend presumably on further education of both parents and children on the need for cleanliness, this apparently being related to the level of intelligence of the families concerned as the incidence of infestation was found in 1956 to be ten times as great in the children attending the day special schools for educationally subnormal junior boys and girls and senior girls as in the children attending the ordinary primary schools and no children were found during the year to be infested in the Selective Secondary and Grammar Schools.

The figures relating to cleanliness inspections for 1956 and the two previous years are as follows:—

CLEANLINESS OF THE CHILDREN

	Number of cleanliness inspections made by the school nurses	*Number of individual children found infested in some degree*	*Percentage of numbers on the registers of schools*
1956	194,796	763	2.4
1955	213,720	728	2.3
1954	231,817	769	2.5

The school nurses made 2,256 visits to schools for cleanliness inspections. This is an average of approximately 22 visits to every school during the year but the number of visits made to schools varied, according to need, from one visit during the year to boy's grammar schools to one visit per week to the day special school for educationally subnormal junior boys and girls and senior girls.

The percentage of individual children found to be infested was 28.7 at the day special school for educationally subnormal pupils, 2.6 at the ordinary primary schools, 1.9 at the secondary modern schools and Nil at the Selective Secondary and Grammar Schools.

Other Work of the School Nurses

During the year the school nurses started testing at school the hearing acuity of all children shortly before they had their periodic medical inspections. They used the forced whisper test at a distance of 20 feet, testing each ear separately, and did the testing at the same time as they tested the visual acuity and did the weighing and measuring of the children. The arrangements for the nurses to do this preliminary testing of the children's hearing were made to ensure that children with any defect of hearing were specially brought to the notice of the medical officers at the periodic medical inspections. The nurses are able to test the hearing in conditions which in general are quieter than at the time of medical inspection and they have more time to do so and to consult with the children's teachers.

There was no other alteration in the work of the school nurses but they spent much more time in connection with B.C.G. vaccination than in the two previous years, because of the large increase in the number of children tested and vaccinated and the corresponding increase in the number of Mantoux positive children for whom they made follow-up visits to their homes regarding arrangements for X-ray of chest of the children concerned and the other members of their families. At the end of the year it was decided that these follow-up visits should be done in future by the Tuberculosis Health Visitors.

Some of the figures relating to the work of the nurses in 1956 and the previous two years are as follows:—

Other Work of the School Nurses

	1956	1955	1954
1. Number of vision tests made at schools	30,661	30,017	35,547
2. Number of children referred from vision tests to School Medical Officers	544	415	681
3. Number of preliminary hearing tests made at schools ...	5,314	—	—
4. Number of children specially inspected at school in connection with outbreaks of infectious disease ...	774	872	747
5. Number of visits to homes for follow-up, etc.	1,885	1,761	1,428
6. Number of treatments given at school clinics	46,497	46,929	50,174

Medical Treatment There were no changes during 1956 in the general arrangements for medical treatment and the numbers of cases of the various defects and diseases treated by the School Health Service and also known to have been treated otherwise are given in Table 4 at the end of this report.

The clinic arrangements at the time of writing this report are as follows:—

School Clinic Arrangements

Clinic	*Medical Officers' Clinics*	*Nurses' Minor Ailments Treatment Clinics*	*Ultra Violet Light Clinic*	*Speech Therapy Clinics by appointment*
1. Central Clinic Rowe Street	Monday 2 p.m. Wednesday 2 p.m. Saturday 9.30 a.m.	Monday to Friday 3.30 p.m. Saturday 9 a.m.	Monday 9 a.m. Thursday 9 a.m.	Monday p.m. Tuesday a.m. Tuesday p.m. Wednesday p.m. Thursday p.m. Friday a.m. Friday p.m. Saturday a.m.
2. Stonehouse Clinic 30 High Street Stonehouse	Tuesday 2 p.m.	Monday to Friday 3.30 p.m.	—	—
3. Devonport Clinic Outram Villa Albert Road Devonport	Thursday 2 p.m.	Monday to Friday 3.30 p.m.	—	—
4. North Prospect Clinic North Prospect School Swilly	Friday 2 p.m.	Monday to Friday 3.30 p.m. Saturday 9 a.m.	—	Monday a.m. Wednesday p.m.

SCHOOL CLINIC ARRANGEMENTS—*contd.*

Clinic	*Medical Officers' Clinics*	*Nurses' Minor Ailments Treatment Clinics*	*Ultra Violet Light Clinic*	*Speech Therapy Clinics by appointment*
5. St. Budeaux Clinic Stirling Road St. Budeaux	Thursday 2 p.m.	Monday to Friday 3.30 p.m.		
6. Honicknowle Clinic Montacute Ave Honicknowle	Tuesday 2 p.m.	Monday to Friday 3.30 p.m.	—	Wednesday a.m. Thursday a.m. Friday p.m.
7. Efford Clinic 121 Efford Road	Thursday 3.30 p.m.	Tuesday and Thursday 3.30 p.m.	—	—
8. Child Guidance Clinic Catherine Street	Children are seen by appointment. The Psychiatrists attend Tuesday, Wednesday, Thursday and Friday 2 p.m. Saturday 9 a.m.			

The Central Clinic, Rowe Street, and the Child Guidance Clinic are open throughout the year. The other clinics are closed during school holidays, apart from specially arranged clinic sessions.

Eye diseases, defective vision and squint. Less cases of external eye disease were treated at the school clinics, viz. 236, compared with 259 in 1955 and 299 in 1954.

More errors of refraction were however known to have been treated at the Plymouth Royal Eye Infirmary and by opticians, viz. 3,360, compared with 1,633 in 1955 and 1,014 in 1954. Only 685 of these cases were referred directly to the Eye Infirmary by the School Health Service, compared with 712 in 1955 and 767 in 1954, but more information was obtained from the National Health Service Ophthalmic Services Committee than in previous years of cases treated by opticians. At the Eye Infirmary the delay before children referred for refraction were seen was about three months throughout the year.

A total of 1,331 cases of replacements and repair of school children's glasses was dealt with by the Ophthalmic Services Committee, which decided that in 288 cases there had been lack of care on the part of the children. The cost in these cases, which was charged to the Authority, was £195. 2s. 2d., compared with £227. 5s. 10d. in 1955 and £187. 14s. 9d. in 1954.

Diseases and defects of the ears, nose and throat. A total of 203 ear defects were treated at the school clinics compared with 298 in 1955 and 268 in 1954, and 169 children were referred by the School Medical Officers to Ear, Nose and Throat Consultants at the South Devon and East Cornwall Hospital, Plymouth.

The numbers of cases known to have received operative treatment at the Hospital were 2 for diseases of the ear, 150 for adenoids and chronic tonsillitis and 4 for other nose and throat conditions. Six children were known to have received non-operative treatment. This compares with a total of 59 cases known to have received operative treatment and 2 non-operative treatment in 1955, and 46 operative treatment and 30 non-operative treatment in 1954.

Twelve children were known to have been provided with hearing aids at the hospital in 1956 and 16 in previous years.

Orthopaedic and postural Defects. Eighty-one children were referred by the School Medical Officers to the Orthopaedic Surgeons at Mount Gold Orthopaedic Hospital, Plymouth, and 272 children were known to have been treated at the hospital out-patient clinics during the year, compared with 233 treated in 1955 and 231 in 1954. As in the previous two years only definite orthopaedic cases and those postural cases not responding to remedial exercises at home and school were referred by the School Medical Officers.

Diseases of the Skin. No cases of ringworm of the scalp were seen at the school clinics, as was the case in 1955 and 1954. 21 cases of ringworm of the body were treated, compared with 26 in 1955 and 33 in 1954.

The number of scabies cases treated at the school clinics was 21, compared with 42 in 1955 and 35 in 1954 and the number of impetigo cases 123, compared with 208 in 1955 and 143 in 1954.

All other skin diseases treated at the clinics totalled 727, compared with 568 in 1955 and 443 in 1954.

Twenty-three children were referred to the Consultant Dermatologist at the South Devon and East Cornwall Hospital.

Other diseases. The number of miscellaneous minor ailments treated at the school clinics was 10,060, and 288 children were given ultra violet light treatment at the school clinics.

Twenty-two children were referred to the Consultant Paediatrician, 43 to the Consultant Chest Physicians, and 34 to the Consultant Surgeons.

Child Guidance. The number of children treated at the Child Guidance Clinic was 204, compared with 224 in 1955 and 164 in 1954.

The following report on the Child Guidance Clinic has been made by Dr. J. M. Gilroy, Consultant Psychiatrist in charge of the clinic:—

"Table 1 below compares various figures for 1956 with corresponding figures for the three immediately preceding years. Table 2 gives the referring agencies of the 267 new patients sent to the Clinic during the year. In Table 3 those listed under the heading of 'delinquency' are children in whose cases examination was requested by Magistrates in the Juvenile Court. Table 4 gives the age distribution of the new patients referred during the year.

TABLE 1.

	At 31.12.56	*At 31.12.55*	*At 31.12.54*	*At 31.12.53*
(*a*) On treatment waiting list	36	31	46	54
(*b*) On Diagnostic waiting list	38	70	48	25
	Year 1956	*Year 1955*	*Year 1954*	*Year 1953*
(*c*) New Referrals	267	306	236	152
(*d*) Cases given full clinical investigation	226	230	176	159
(*e*) Individual treatment interviews	1,176	1,194	1,077	547
(*f*) Clinic interviews by Psychologist	396	417	349	229
(*g*) Visits by Psychiatric Social Workers	74	95	198	276
(*h*) Cases closed	108	143	72	131
(*i*) Cases undergoing Social Supervision	75	86	97	26

TABLE 2

SOURCES OF REFERRAL	
Family Doctors	98
School Medical Officers	72
Juvenile Court and Probation Officer	27
Other Consultants	24
Head Teachers	24
Children's Officers	9
Director of Education	5
Parents	4
Maternity and Child Welfare Dept. ...	2
Miscellaneous	2
TOTAL ...	267

TABLE 3

REASONS FOR REFERRAL	
Behaviour disorders ...	96
Anxiety (various manifestations ...	50
Enuresis	43
Educational Problems	27
Delinquency	20
Encopresis	9
Truanting	7
Hysteria	7
Mental Deficiency ...	5
Miscellaneous ...	3
TOTAL ...	267

TABLE 4—AGE DISTRIBUTION

Under 5 years	*5 to 7 years*	*7 to 9 years*	*9 to 11 years*	*11 to 13 years*	*13 to 15 years*	*Over 15 years*	*Total*
13	35	47	60	54	38	20	267

During the year there have been no changes in staff; ten doctor sessions weekly were provided; the educational psychologist spent just half of his time in the clinic, while the establishment of Psychiatric Social Workers continued to be two full-time workers. The Underwood Committee (1955), in their report on maladjusted children recommended that the ratio of psychiatrist; psychologist, social worker should be 1 : 2 : 3, whereas, from the figures given above, it will be seen that our ratio is approximately 1 : 1 : 2.

It is considered that the present accommodation at the Child Guidance Clinic is inadequate even for existing staff, and would obviously be more so, if the establishment were increased to the figures recommended by the Underwood Committee. During the year discussions have taken place between representatives of the Regional Hospital Board and the Plymouth Local Authority, and it has been agreed in principle that alternative premises should be provided for the Clinic."

Speech Therapy. The following report has been made by Miss M. Wilcocks, Speech Therapist:—

"Speech Therapy was continued throughout the year, the majority of the clinic sessions being held at the Central School Clinic. Three sessions a week were held at the Honicknowle Clinic and two at the North Prospect Clinic. One session a week at the Efford Clinic was restarted at the beginning of the year, but discontinued at the end of the Christmas term due to poor attendance.

Mrs. Joan Warn resigned her post of part-time Speech Therapist in March and by the end of July the waiting list had grown considerably. In December Mrs. Anne Blood was appointed to replace her and held two sessions a week at the Central Clinic.

The clinics are now adequately equipped with the necessary educational books and toys. The major acquisition during the year was a Philip's Tape Recording Machine, which is proving itself to be of great value to the work of the clinics. Not only can records be kept of the children's state of speech on their first visit, but also each child has an opportunity of hearing himself as others hear him. The older children are encouraged to criticize themselves. A few children find a recording machine rather alarming but the majority are only too eager to talk.

It would be advantageous, when there is time available, for the Speech Therapist to spend at least one session a week in visiting schools to meet Head Teachers and Class Teachers. This would lead to more co-operation between clinic and school which sometimes is lacking.

CHILDREN TREATED BY THE SPEECH THERAPISTS, 1956

	Discharged Cured	*Discharged Improved*	*Defaulted*	*Under treatment at the end of year*	*Number treated during year*
Dyslalia	35	2	8	32	77
Sigmatisms ...	19	—	—	4	23
Stammers	11	9	3	19	42
Cleft Palate Speech	4	1	—	5	10
Indistinct Speech ...	6	1	—	2	9
TOTALS ...	75	13	11	62	161

The number of cases awaiting treatment on 31st December, 1956, was 31."

Dental Inspection and Treatment

Mr. R. M. Maynard, Principal Dental Officer, reports as follows:—

"*Staff.* The staff continued almost unchanged in 1956. In March Dr. Bramley dropped one of the sessions he was doing each week for the school service but in October Mr. Widdup took up one evening session a week at Honicknowle, so that the effective strength fell only slightly, to 4.58 full-time dentists as against 4.7 in 1955. The actual staff remained unchanged at four full-time and three part-time dentists.

The figures for dental treatment of school children, and mothers and pre-school children, are tabulated at the end of this report.

Inspection of school children. All school children were inspected once during 1956, the figures showing that the numbers are commencing to level out, viz.:—

1955	*1956*	
29,302	29,627	routine inspections
2,807	2,927	specials
32,109	32,554	

The number found to require treatment showed a drop on the 1955 figure and shows that the general practitioners are taking a greater part in saving the teeth, and cleaning up the mouths, among those families who are prepared to take the initiative in arranging their own treatment.

Treatment of school children. Fillings remained nearly constant—1955, 9,106 against 1956, 9,193, but there has been an increase in extractions and the administrations of anaesthetics:—

	1955	*1956*
Extractions	8,386	9,656
Anaesthetics	3,324	3,838

The number of attendances for treatment increased by 1,400 on the previous year.

Of the 2,064 sessions devoted to treatment 207 were general anaesthetic sessions and 1,857 conservation sessions, during which in addition to the filling and orthodontic work, which is this year tabulated separately, 42 dentures and 26 crowns and inlays were also made.

Ratios.

Fillings per tooth—$\frac{9193}{7908}=1.16$

Attendances per case treated—$\frac{14,747}{5,872}=2.5$

$\frac{\text{Permanent Teeth filled—7,699}}{\text{Permanent Teeth ext. 2,441}}=3.1$

Fillings per treatment sessions 5.0

Gas cases per gas session 18

Premises. Of the five dental surgeries maintained there is now only one which is in converted house property; this is the Stonehouse Clinic due for replacement in the redevelopment of the Union Street area.

The design of the modern health centre. The complete insulation of noise has not been achieved at the new Honicknowle Health Centre. Although this does not represent an unsurmountable difficulty, there should be absolute silence during the administration of an anaesthetic. The principle of having a large central waiting room, off which the various doctor's and dentist's rooms open without intervening passages, and especially in view of the very light construction of modern building, is the basic weakness.

The treatment of mothers and pre-school children. The call for treatment of these patients is limited almost entirely to the Honicknowle and Beaumont House Clinics. The combined figures for this work are shown in the Maternity and Child Welfare table, but the abbreviated figures given below show there has been some increase in 1956 at Honicknowle:—

Cases Examined		*Fillings*		*Dentures*		*Extractions*	
1955	*1956*	*1955*	*1956*	*1955*	*1956*	*1955*	*1956*
148	240	92	112	5	28	163	541

Dental Decay and Fluoridation. The increase of dental decay has been commented on by many dentists in 1955 and 1956, and in great part it is due to the derationing of sweets. Many argue the importance of the education of children in dental hygiene, but it must always be remembered that it is not merely necessary to teach the facts but also to get a discipline adopted, which must be accepted every day of every year. Although in no sense a substitute for education, there is another line of approach to the problem of dental decay, which has now been under investigation for a sufficient number of years, both in America and England, which is safe, which produces a marked fall in dental decay, and above all, which does not require any effort by the individual. This is the fluoridation of the water supply. Unfortunately there has been insufficient publicity for this procedure, for the B.B.C. when announcing that Andover Borough Council had decided to put fluoride in its water in the autumn of 1956, also announced that there was opposition in the town. The more widespread dissemination of the information in the Ministry of Health Reference Note No. 9 on 'The Fluoridation of Water and Prevention of Dental Decay' would appear desirable—possibly all local authority councillors might receive a copy.

Orthodontic consultant. As progress on this appointment appears to have come to a full stop it might be well to recapitulate recent events.

In October, 1954, The British Dental Association published its 'Memorandum on Orthodontic Services' and among other recommendations made, the following is prominent:—

> 'That regional appointments of consultant orthodontists be made by Regional Hospital Boards, such consultants to be responsible for:—
>
> 1. Giving opinions on cases referred to them.
> 2. Guidance during treatment of cases as requested by general dental practitioners.
> 3. Actual treatment of complex cases.
> 4. Planning and organisation of regional orthodontic services.
> 5. Postgraduate teaching and instruction of general practitioners and school dental officers.'

During 1955 an investigating committee reported to the South West Regional Hospital Board that there was need for such a consultant in the Plymouth area. As the orthodontist is to work through general dental practitioners and school dental officers, who are outnumbered by the former, in Plymouth, by 10 to 1, the appointment must be acceptable to the general dental practitioners, while the payment of his salary should be a charge on the National Health Service and not on the local rates.

Possibly a satisfactory orthodontic service could be built up if the orthodontist had the rank of Senior Hospital Dental Officer."

Mass Radiography There was no change in the arrangements described in previous reports for the annual X-ray of chests of children and staff, and reports on school children received from the Plymouth Mass Radiography Unit were as follows:—

MASS RADIOGRAPHY, 1956

Children with satisfactory miniature films	2,385
Children recalled for full-sized films and found satisfactory ...	21
Children recalled for full-sized films and clinically investigated ...	25
TOTAL ...	2,431

At no schools were the whole of the children and staff X-rayed.

B.C.G. Vaccination against Tuberculosis B.C.G. Vaccination was offered to all children in the 1942 age group in attendance at schools in the city, including all the Independent Schools.

The acceptance rate was 61% compared with 59% in 1955, but due to the extension of the scheme to all schools and the larger numbers in the age group there was an increase of 45.7% in the numbers of children Mantoux tested for suitability for vaccination.

The percentage of children found to be Mantoux positive at the preliminary Mantoux Test was 15.4% compared with 15.4% in 1955 and 20.7% in 1954.

The figures for 1956 and the two previous years are as follows:—

	1956	*1955*	*1954*
Number of children given a preliminary Mantoux Test	1,674	1,149	305
Number found Mantoux positive and not requiring vaccination	258	177	63
Percentage Mantoux positive ...	15.4%	15.4%	20.7%
Number vaccinated with B.C.G. ...	1,377	966	242
Number Mantoux tested after B.C.G. Vaccination	1,334	959	242

The Mantoux testing and the vaccinations were done at the school clinics by the School Medical Officers and all the Mantoux Postive children were followed-up by visits by the school nurses to their families and arrangements made for X-ray of chests of the children and the other members of their families who consented.

Immunisation against Diphtheria

The arrangements described in previous reports for immunisation against diphtheria were continued, but there was a considerable drop in the number of applications received, particularly in those for reinforcing doses for older children immunised previously.

The following are the figures for 1956 and the two previous years:—

Diphtheria Immunisation

	1956	*1955*	*1954*
Number of new cases completed ...	332	376	390
Number of old cases given reinforcing doses	1,954	2,608	2,542
Number of Schick Tests	45	87	98

Infectious Diseases

There were no serious outbreaks of infectious disease at any of the Authority's schools, but five schools were visited to ascertain the source of infection where several successive cases of scarlet fever had occurred and three other schools where cases of sore throats had occurred. A total of 774 children was examined at these visits.

At one Secondary Modern School 3 children requiring sanatorium treatment for tuberculosis were notified. Their class contacts were offered skin tests and the parents of 60 children accepted. 46 of the children attended for a Heaf Test and 4 were found to be positive. The 14 children who did not attend and 13 whose parents had refused a skin test were offered an X-ray of chest and 21 attended for X-ray and were found to be negative. The four positive cases were referred to the Chest Clinic for investigation and follow-up of their families by the Tuberculosis Health Visitors.

The numbers of children in attendance at the Authority's schools with infectious diseases notified to the Medical Officer of Health in 1956 and the two previous years are as follows:—

Notifiable Infectious Diseases

	1956	*1955*	*1954*
Diphtheria	1	3	4
Measles	65	2,231	16
Poliomyelitis	0	8	15
Scarlet Fever	106	77	74
Tuberculosis	39	32	36
Whooping Cough	162	114	138

Coughs and colds were more prevalent than in the previous two years, reaching a peak in the last week of February, when 3,690 children were absent from school on this account.

Maker Camp

Maker Camp was in use as in recent years for organised parties of school children, with their teachers, from the Authority's Secondary and Primary Schools for 13 weeks during the Summer Term, viz. from the 27th April to the 26th July, two weeks of which were allocated to Primary Schools, and for organised parties from other Authorities for five weeks during the Summer Vacation.

There was no alteration in the general medical and nursing arrangements and one of the school nurses was in residence at the camp for the whole period for the treatment of minor ailments, accidents and emergencies, and general supervision of the hygienic conditions.

The camp was successful and enjoyed by the children and the health of the children whilst at camp was satisfactory although more treatments were given by the nurses for minor ailments, etc., than in the previous two years.

The number of treatments given by the nurses in 1956 and the two previous years are as follows:—

Number of Treatments for Minor Ailments, Etc., at the School Camp

1956	3,322
1955	1,792
1954	2,284

A total of 3,624 children attended the camp, compared with 3,517 in 1955 and 3,706 in 1954.

The weather was unsettled whilst the camp was open and in spite of some rain an acute shortage of water occurred in the area but a satisfactory supply to the camp was maintained. The hygienic conditions of the camp were reasonably satisfactory but the inclement weather emphasised the need for an improvement in the facilities for drying clothes and for an additional class-room.

National Survey of the Health and Development of Children

There was no special action in connection with this survey during the year, apart from answering enquiries from the survey committee regarding 4 of the children.

Children's Homes

The medical and nursing arrangements for the Children's Homes and the Boarding Home for

Educationally Subnormal boys were continued unchanged and all the Homes were found to be satisfactory on all occasions when visited.

The numbers of medical inspections of children by the School Medical Officers at the Homes during 1956 and the two previous years are as follows:—

NUMBERS OF MEDICAL INSPECTIONS OF CHILDREN
BY THE SCHOOL MEDICAL OFFICERS AT CHILDREN'S HOMES

1956	842
1955	1,042
1954	1,072

Food Handlers Meals and Milk The medical inspection and Widal Testing of all new entrants to the School Meals' Service staff by the School Medical Officers, with X-ray of chest by the Chest Clinic, were continued, together with the annual re-inspections and X-rays of chest of existing staff, and recommendations regarding suitability for employment sent to the Director of Education.

The numbers of School Meals' Service staff medically inspected in 1956 and the two previous years are as follows:—

NUMBERS OF SCHOOL MEALS SERVICE STAFF MEDICALLY INSPECTED

1956	485
1955	329
1954	416

One small outbreak of food poisoning at two schools served by one canteen was investigated by the Health Department in June. It was found to be associated with meat and gravy, the meat having been simmered at mid-day for the next day's dinner, removed from the stock and placed in a refrigerator and the stock left in the kitchen until the next morning when it was made into gravy. Heat resistant Cl. Welchii were found in the moist fat skimmed from the stock and in seven of the fourteen samples of stools from the children affected. The occurrence emphasised the need to adhere to the advice which had been given previously that meat should be fully cooked on the day on which it is to be consumed and the gravy made and used on the same day.

The numbers and percentages of children who were present in schools on a day during the Autumn Term, 1956, and taking meals and milk in school, with comparable figures for the two previous years are as follows:—

NUMBERS OF CHILDREN TAKING DINNERS AND MILK AT SCHOOLS

	Children present in schools	*Children taking dinners at school*	*Percentage taking dinners at school*	*Children taking milk at school*	*Percentage taking milk at school*
1956 ...	30,234	7,914	26.2%	25,685	84.9%
1955 ...	29,995	7,996	26.7%	26,063	86.9%
1954 ...	29,470	6,981	23.7%	25,584	86.8%

The daily average of children taking dinners at school in December 1956 was 8,592, compared with 8,464 in December 1955 and 7,058 in December 1954. The percentage of children supplied with dinners free of cost in October 1956 was 12.2% compared with 15.7% in October 1955.

Entrants to Training Colleges for Teachers

The arrangements for the medical examination of candidates for Training Colleges for Teachers and for entrants to the teaching profession were unchanged, and the numbers examined in 1956 and the two previous years are as follows:—

NUMBER OF CANDIDATES FOR TRAINING COLLEGES FOR TEACHERS AND ENTRANTS TO THE TEACHING PROFESSION MEDICALLY EXAMINED

	Candidates for Training Colleges for Teachers	*Entrants to the Teaching Profession*
1956	99	6
1955	151	5
1954	79	2

TABLE 1A.—NUMBERS OF PERIODIC MEDICAL INSPECTIONS

Entrants to Primary Schools	3,190
7–8 years Age Group	2,999
9–10 years Age Group	3,461
12–13 years Age Group	4,046
14–15 years age Group	3,134
Pupils at Special Schools	317
TOTAL	17,147

TABLE 1B.—NUMBERS OF OTHER MEDICAL INSPECTIONS

Number of Special Inspections	6,350
Number of Re-inspections	2,622
TOTAL	8,972

TABLE 1C—NUMBERS OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTIONS TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN AND INCLUDING PUPILS ALREADY UNDER TREATMENT).

(1) *Group*	(2) *For defective vision (excluding squint)*	(3) *For any of the other conditions recorded in Table 3.*	(4) *Total individual pupils*	(5) *Percentage requiring treatment for defective vision (excluding squint)*	(6) *Percentage requiring treatment for all other conditions*	(7) *Percentage requiring treatment for all defects*
Entrants to Primary Schools	96	699	755	3.0	21.91	23.66
7–8 Age Group ...	180	608	727	6.0	20.27	24.24
9–10 Age Group ...	221	606	786	6.38	17.5	22.71
12–13 Age Group ...	415	778	1096	10.25	19.22	27.0
14-15 Age Group ...	371	495	790	11.83	15. 79	25.2
Pupils at Special Schools	23	50	68	7.25	15.77	21.45
Total ...	1306	3236	4222	7.6	18.87	24.62

TABLE 1D—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

	Number of pupils inspected	*Satisfactory*		*Unsatisfactory*	
		No.	%	*No.*	%
Entrants to Primary Schools	3,190	3,180	99.68	10	0.31
7–8 Age Group	2,999	2,993	99.8	6	0.20
9–10 Age Group	3,461	3,455	99.8	6	0.17
12–13 Age Group ...	4,046	4,040	99.85	6	0.14
14–15 Age Group ...	3,134	3,130	99.87	4	0.12
Pupils at Special Schools...	317	315	99.36	2	0.6
TOTALS ...	17,147	17,113	99.8	34	0.2

TABLE 2—INFESTATION WITH VERMIN

(1)	Total number of individual examinations of pupils in schools by the school nurses	194,796
(2)	Total number of *individual* pupils found to be infested ...	763
(3)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)...	Nil
(4)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...	Nil

TABLE 4—TREATMENT OF PUPILS

GROUP 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	By the Authority	*Otherwise*
External and other, excluding errors of refraction and squint	236	32
Errors of refraction (including squint) ...	—	3360
Total ...	236	3392

Number of pupils for whom spectacles were prescribed 2663

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been treated	
	By the Authority	*Otherwise*
Received operative treatment :		
(*a*) for diseases of the ear	—	2
(*b*) for adenoids and chronic tonsillitis ...	—	150
(*c*) for other nose and throat conditions	—	4
Received other forms of treatment ...	203	6
Total ...	203	162
Total number of pupils in schools who are known to have been provided with hearing aids:		
(*a*) in 1956	—	12
(*b*) in previous years	—	16

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	By the Authority	*Otherwise*
Number of pupils known to have been treated at clinics or out-patient departments	—	272

GROUP 4.—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table 2).

	Number of cases treated or under treatment during the year By the Authority
Ringworm— (i) Scalp	—
(ii) Body	21
Scabies	21
Impetigo	123
Other skin diseases	727
Total ...	892

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated in the Authority's Child Guidance Clinic
Number of pupils treated at Child Guidance Clinics	204

GROUP 6.—SPEECH THERAPY.

	Number of cases treated by the Authority
Number of cases treated by Speech Therapists ...	161

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated by the Authority
(*a*) Miscellaneous minor ailments	10,060
(*b*) Other than (*a*)—Ultra Violet Light ...	288
(*c*) Pupils who received B.C.G. Vaccination ...	1,377
Total ...	11,725

TABLE 5—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers :		
	(*a*) Periodic ...	29,627
	(*b*) Specials ...	2,927
	Total (1)	32,554
(2) Number found to require treatment ...		15,716
(3) Number offered treatment ...		9,897
(4) Number actually treated ...		5,872
(5) Attendances made by pupils for treatment ...		14,747
(6) Half-days devoted to :	Inspection ...	267
	Treatment ...	2,064
	Total (6)	2,331
(7) Fillings :	Permanent Teeth ...	8,982
	Temporary Teeth ...	211
	Total (7)	9,193
(8) Number of teeth filled :	Permanent Teeth ...	7,699
	Temporary Teeth ...	209
	Total (8)	7,908
(9) Extractions :	Permanent Teeth ...	2,441
	Temporary Teeth ...	7,215
	Total (9)	9,656
(10) Administration of general anaesthetics for extractions ...		3,838

(11) Orthodontics:

(*a*) Cases commenced during the year	102
(*b*) Cases carried forward from previous year ...	60
(*c*) Cases completed during the year	62
(*d*) Cases discontinued during the year	11
(*e*) Pupils treated with appliances	143
(*f*) Removable appliances fitted	127
(*g*) Fixed appliances fitted	32
(*h*) Total attendances	956

(12) Number of pupils supplied with artificial dentures	37

(13) Other operations:

Permanent Teeth	3,803
Temporary Teeth	278
Total (13)	4,081

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS

A.—NUMBERS PROVIDED WITH DENTAL CARE

	Examined	*Needing Treatment*	*Treated*	*Made Dentally Fit*
Expectant and Nursing Mothers	315	285	416	239
Children under Five	412	322	316	287

B.—FORMS OF DENTAL TREATMENT PROVIDED

	Scalings and Gum Treatment	*Fillings*	*Silver Nitrate Treatment*	*Crowns or Inlays*	*Extractions*	*General Anaesthetics*	*Dentures Provided*		*Radiographs*
							Full Upper or Lower	*Partial Upper or Lower*	
Expectant and Nursing Mothers ...	101	401	7	2	632	79	54	48	65
Children under Five	4	175	21	—	647	220	—	—	21

Table 3.—No. of Defects Found by Medical Inspection

Defect Code No.	*Defect or Disease*	Periodic Inspections														Special Inspections	
		No. of Defects														*No. of Defects*	
		Entrants to Primary Schools		*7–8 Age Group*		*9–10 Age Group*		*12–13 Age Group*		*14–15 Age Group*		*Pupils at Special Schools*		Totals			
		T.	*O.*	*T.*	*O.*	*T.*	*O.*	*T.*	*O.*	*T.*	*O.*	*T.*	*O.*	*T.*	*O.*	*T.*	*O.*
4	Skin	105	15	86	16	96	21	167	17	126	12	9	3	589	84	592	27
5	Eyes—																
	(*a*) Vision	96	156	180	139	221	162	415	256	371	190	23	46	1406	949	414	103
	(*b*) Squint	79	14	65	25	65	39	72	29	56	24	6	12	343	143	32	4
	(*c*) Other	22	3	26	4	30	14	35	9	15	3	2	1	130	34	126	2
6	Ears—																
	(*a*) Hearing	6	41	12	45	9	32	11	38	8	24	1	28	47	208	18	19
	(*b*) Otitis Media	18	16	14	31	21	17	31	36	23	19	1	11	108	130	55	9
	(*c*) Other	22	4	14	8	19	8	15	5	7	3	2	6	79	34	83	1
7	Nose or Throat	196	161	152	103	83	67	56	64	27	16	4	10	518	421	83	17
8	Speech	31	40	17	9	11	13	4	9	4	6	8	33	75	110	67	9
9	Cervical Glands	7	59	5	30	2	26	1	24	1	9	—	3	16	151	6	3
10	Heart and Circulation	2	17	5	13	2	24	7	29	10	22	—	8	26	113	4	9
11	Lungs	68	90	23	72	33	77	38	94	18	66	—	8	180	407	59	13
12	Developmental—																
	(*a*) Hernia	6	6	4	4	6	3	6	2	1	1	—	—	23	16	1	—
	(*b*) Other	2	37	6	43	9	54	13	50	8	6	1	7	39	197	3	4
13	Orthopaedic—																
	(*a*) Posture	30	19	68	24	70	44	117	29	75	14	1	11	361	141	7	—
	(*b*) Flat foot	55	26	49	18	50	30	75	48	36	21	3	11	268	154	8	—
	(*c*) Other	50	56	33	47	44	28	69	67	55	34	5	15	256	247	100	13
14	Nervous System—																
	(*a*) Epilepsy	7	2	11	4	9	3	12	5	5	4	5	4	49	22	11	2
	(*b*) Other	3	6	3	6	3	7	—	4	2	6	1	1	12	30	1	3
15	Psychological—																
	(*a*) Development	3	10	2	9	5	17	1	8	—	2	—	283	11	329	1	1
	(*b*) Stability	20	65	25	38	19	45	17	36	10	10	2	9	93	203	29	23
16	Other	55	33	33	38	64	65	106	58	47	28	4	5	309	227	935	86
	Totals	883	876	833	726	871	796	1268	917	905	520	78	515	4838	4350	2635	346
	Total defects per 1,000 pupils inspected	276.8	274.6	277.7	242.08	251.6	230	313.4	226.6	288.7	165.9	246	1624.6	282.1	253.6	729.1	95.73

T=Requiring treatment.

O=Requiring to be kept under observation but not requiring treatment.

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